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SOME ASPECTS OF RELIEF IN FAMILY CASEWORK

AN EVALUATION OF PRACTICE BASED ON A STUDY MADE FOR THE CHARITY ORGANIZATION SOCIETY OF NEW YORK

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AN EVALUATION OF PRACTICE BASED ON
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OF NEW YORK

By GRACE F. MARCUS

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FOREWORD

The matter of relief giving has more and more recently become a very serious problem to family societies throughout the country and to community chests. The subject is being studied with a background of greater knowledge and more intensely than heretofore. The staff of The Charity Organization Society has of necessity been deeply interested. Mrs. Richard S. Childs, because of her professional study and through her service on committees of the Society, has had a special interest in this problem and because of that interest has financed the study made by Miss Grace Marcus.

Miss Marcus has approached the matter of relief from the standpoint of the effect upon both the recipient and the giver. We have gone through various phases in regard to the financial assistance of persons in need. Years ago gifts were made on the basis of outward appearance and the claims of the needy. It was obvious this produced impossible conditions. Dependency was encouraged. Then there was careful investigation of the applicant with perhaps too much emphasis upon saving the funds of the giver. Generally we have outgrown that position, and today we are trying to use money to help people in trouble in such fashion that dependency shall not be encouraged, nor proper self-respect diminished, nor necessity be unmet. We are not dealing with material things but with human souls, every one different from every other, each one demanding its own special treatment which must be both sympathetic and intelligent and based on all the accumulated knowledge of the past.

LAWSON PURDY,
Secretary and General Director

JANUARY 15, 1929

ACKNOWLEDGMENTS

I am indebted to various members of the staff of the Charity Organization Society of New York for the ungrudging assistance they have given me in making this study. To Mr. Karl de Schweinitz, Miss Almena Dawley, Miss Mary Antoinette Cannon, and Mr. Philip Klein hearty thanks are due for reading of the manuscript and helpful advice. Mr. Porter R. Lee and Miss Gordon Hamilton gave me valuable suggestions about problems of form and statement. To Miss Anna Kempshall I am especially indebted for a critical guidance that was thorough, clarifying, and unfailingly objective.

GRACE F. MARCUS

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PART ONE

SOME GENERAL PROBLEMS OF RELIEF

INTRODUCTION

THE following pages attempt to present an evaluation of a group of family casework records. The evaluation is inconclusive. If casework were a trade dealing only with concrete materials that could be classified and graded, using only standardized tools in ways that could be fully prescribed, an evaluation of its methods and its products might be expressed in terms downright and final. That which is essential in casework, however, perversely evades measurement. Its problems are problems of human experience. Its products are states of being. Its material is a human nature that is incalculably diversified, mutable, and complex, in conflict with itself and circumstance. The goals of casework cannot be fixed ends of constant, definite character. They are merely relative concepts of social adequacy which differ in every application and change for each practitioner with each new inch of progress.

A popular evaluation of casework might be concerned with provinces already conquered. A professional evaluation is by its very nature preoccupied with the problems of a vague and ragged frontier. In casework, as in the professions and sciences to which it is related, this is the professional price we pay for progress—a consciousness that each problem solved merely reveals knottier problems still to solve. One reward of experience is a sharper perception of what we have misunderstood or overlooked. There is no visible boundary where we can call a halt. There is no assured terminal point ahead by which the road already travelled can be measured.

The discovery of contradictions in point of view, anomalies in theory, unsuspected arrests and atavisms in method—the discovery of all these is to be expected in any study of the work of a profession. They are the embarrassing symptoms of life, the inevitable accompaniments of an evolution that is irregular and even temporarily disintegrating because it is spontaneous and experimental. In the older professions such as medicine, these conditions are taken as a matter of course and are not regarded as reflections upon professional adequacy but as the natural by-products of progress. Their discovery and gradual correction become obligations to which the professional group is frankly, adventurously pledged for the maintenance of standards and the safeguarding of future growth.

To me it seemed that casework, as it was revealed in the records I read, had reached this professional threshold. Its uneven performance and its lack of formulations are merely the inevitable result of its courageous surrender of earlier, more limited concepts not only of its problems and responsibilities but of its possibilities and needs. To this surrender we owe an anxious awareness of the variety and complexity of problems which have always been there but which an earlier casework was less able to see or describe.

Though progress has precipitated a rich array of problems for the family caseworker, it has also uncovered material the quality of which may be popularly underrated. If the family caseworker's business were as exclusively with the inferior and the deteriorated as conventional notions of those who are "objects of charity" would suggest, then a realistic contemplation of their problems would indeed be depressing. When I began my study, I was prepared to find that the clients with whom a relief society deals would suffer from comparison with the financially successful clients of my previous casework experience. But the records

failed to confirm any such assumption. There *were* the stigmata for which I was alert but there was nothing to indicate that these stigmata of physical and intellectual inferiority are to be found more frequently in the clients of a family casework society than on social levels where economic security surrounds the weak and the inadequate as if with a protective wall. On the contrary there were among this motley group of dependents, partly submerged by circumstances that tend to blot out any identity, evidence aplenty of unencouraged abilities, fine endurance, and sensitive aims. If emotional problems abounded, they were as often problems produced by the frustration of high purposes as by their lack. The appeal of these bald, factual chronicles was not to pity but to respect and understanding. As I read case after case, the clients seemed more and more to defy invidious classification, more and more to emerge from the unexpurgated record with that exciting generic familiarity which human nature assumes for us once we see it as something not alien, even in its defects and peculiarities, from the human nature we own in ourselves, our families, and our friends.

To remove from the poor the disfiguring mask which has encouraged the traditional idea that poverty of income is more than likely to be associated with poverty of native endowment, personality, and character, is to remove at the same time a stigma from casework itself. Poverty is not the universal lot. But in stripping undifferentiated financial need of its familiar externals, casework has penetrated to those profounder problems which are universal. Many of them, even the older, better established professions are as yet unable to define; others have only recently begun to receive partially effective attention from those whose main interest is their study and solution. Probably nothing more important has happened in the history of

casework than this discovery that under the mask of poverty are the unsolved problems of all of us, not merely the special problems of economic failure. A casework that is concerned with essential problems not peculiar to any class has potentialities for service which can be made real to the layman's imagination because that layman has met those very problems in his own experience, knows for what pain, impotence, and waste they are responsible, and can therefore be personally interested in any effort a professional group is making to understand and solve them.

In the past, family casework has reached out for help to other professions implicated in its problems. It has incorporated whatever it could seem to use even of insights and methods seldom focused to its particular needs. It has not paused in its labors to sort and classify, to adopt generally or formally reject. As a result the techniques it is now employing may be mutually contradictory, may be here well developed and there crudely embryonic, but it is obvious to the most critical observer that however greatly these techniques need re-evaluation, they furnish indispensable, practical points of departure which no existing theoretical background could supply. It would therefore seem to me that the immediate needs of family casework are first, to formulate those methods which have best met the test of its experience, and second, to enlist a more direct and active participation of related fields in incorporating into its theory and practice whatever contribution they have made to the understanding and treatment of problems which demand a united approach if they are to be brought under professional control. There is, however, a need beyond these, a need to persuade not only those who support family casework but also the community at large that casework is not a simple matter of giving relief and furnishing elementary services to the poor, but a profession

which has ventured to enter that no-man's land where each and every individual fights a solitary inner battle against conditions, persons, and events inimical to him, usually only partially conscious of his ends and often blind to the issues which will determine his success or failure. These are the conflicts, not limited to one member of the family but rooted in all the relationships of the group to one another and the outside world, with which casework must reckon if it is to achieve even those simpler purposes which are usually conceived only in material terms. Not until the layman respects those purposes and accepts them in their more subtle implications will he support casework as he supports medicine and allied professions, with tolerance for its present limitations, sympathetic interest in its needs, and strong convictions about the contribution it may eventually make to the solution of problems from which none of us is immune.

I. THE NATURE AND PURPOSES OF THE STUDY AND REPORT

OCCASION FOR THE STUDY

WITHIN recent years there has been a steady rise in the relief expenditures of family casework societies all over the country. Inquiry into this upward trend has been prompted not only by the sense of responsibility family welfare societies feel for accounting to their boards and the directors of community chests for the difficulty they are encountering in keeping their relief expenditures within the bounds set by their budgets. It has also been stimulated by the desire of caseworkers to define the problem for their own orientation, to discover its causes in terms of general economic, industrial, and social changes, of the effects of new developments and more elaborate organization within the field of social work itself, and the evolution of casework policy and practice.

The task is formidable. The fact that caseworkers have not been able to identify with precision the specific factors responsible for the rise is not in itself strange. In the first place, many of the influences at work are intangible and no reliable methods for isolating and weighing others have yet been invented. In the second place, the field of casework contends with every problem arising from the maladjustments of a civilized society. Adequate social insight into these problems must wait upon the progressive discovery and slow growth of understanding and control in many other fields, e.g., the medical sciences, public health, government, industry, legislation, social organization, et cetera. Consequently responsibility is not the caseworker's alone; it is a collective responsibility in the definition and carrying

of which the interest of many professional and lay groups must be enlisted. Thirdly, in some of these related fields, recent developments have been so diverse and rapid that their full implications for casework can be only partially realized, and since facilities for the study of their influence on the problems with which casework deals are still limited, there are added to the unknown elements in the initial underlying problems the further unknowns injected by experimental, not fully coördinated attempts to meet them.

Within the field of casework itself, various technical developments have complicated the situation still further. Casework has always been a relatively experimental, unstandardized art, with few formulations that could be generally taught or communicated, and its fairly recent appreciation of its professional need of orientation to data from allied fields has exposed it to some of the difficulties peculiar to a budding profession during a rich transitional period. Its thinking and practice have inevitably suffered from all the instabilities and inconsistencies attendant upon the conflict between the necessity for systematizing and integrating its present theory and performance and the equal necessity for receptiveness to new ideas and methods. Caseworkers are therefore well aware of the danger they run of losing their sense of direction and perspective, a danger they incur by their willingness to follow new paths into scenes too shifting for exact charting and measuring. Therefore in attacking the problem of increased relief expenditure, one of the first questions they put to themselves is the familiar question about the possible contribution their own methods may be making to a trend disturbingly elusive of concrete, comprehensive explanation.

When a professional group is confronted with the problem of meeting increased costs, there is every reason for this question about the validity of its own methods to become

a central one. To be sure, any society, however restricted its budget may be, can by a strenuous effort cut its expenditures to accord with its depleted purse. If the ability to do this were the only consideration involved, the problem would be easily settled. But there are other considerations. A general reduction would be merely a financial, administrative solution unless it were made with full knowledge of the relation of expenditures to the legitimate needs, aims, methods and standards of the work entailing the expenditures. An upward trend in relief which cannot be fully accounted for indicates that this essential knowledge is lacking. Therefore any arbitrary reductions in expenditure which are made to adjust relief giving and service to budgetary limitations must be viewed as unsatisfactory expedients, professionally justified only by the fact that at the same time an effort is being made to find more responsible solutions of the problem. Caseworkers therefore will not be content with their handling of the difficulty nor feel assured of their control of their work until they have investigated such of its causes as are accessible to their own investigation. Moreover, they recognize that they are at a sore disadvantage in establishing their claim to more generous support unless they can present their case with personal conviction and sustain their arguments with facts that relate their needs to their expenditures and their expenditures to results. Nor can their obligations be said to end here. They must study and analyze their experience so that they may furnish data for others better equipped to explore the complex social, economic, and health phenomena that lie outside their immediate province, beyond their range of influence, and yet determine the conditions with which they must deal in the individual instance. They must undertake to stimulate progressive study of disintegrating forces in the life of the community, the

results of which might otherwise be evaded by that public which after all should assume ultimate responsibility. In short, caseworkers realize that the challenge of the present situation cannot be satisfactorily met merely by financial cuts, that it can be responsibly answered only by extensive study and by adjustments in casework which will permit of further progress in practical accomplishment and technical skill and yet retain the confidence of those who expect professional activity to recognize among its professional obligations the observance of limitations in the funds available for its support.

Among the technical questions raised by the present relief situation, some of the most immediate are naturally concerned with the use of relief as a casework tool. The increasing cost of relief inspires in self-critical caseworkers a query as to whether the methods involving its expenditure are productive of results proportionate to the investment and whether the distribution of relief is so measured to the possibilities of the individual case that when reductions are necessary they can be managed with the minimum injury to those aims of reconstruction which alone justify the existence of the society as a caseworking agency. For the caseworkers the vital problem becomes that of understanding and controlling their working situation, of reconciling relief and casework, of making sure that their expenditures or economies are constructive and not destructive so far as their underlying purposes of rehabilitation are concerned. In the present difficulty they distinguish an invigorating challenge to formulate so clearly their own professional needs, aims, and methods that they can meet squarely and objectively the queries put to them by their own boards, the organized social community, and the interested layman.

Without questioning the indisputable value of other approaches to a complicated problem, it was decided that

this study would attempt to analyze and evaluate that phase of the situation for which caseworkers may assume direct professional responsibility, the practice of individual casework. Since in a sense this is recognized as a pioneer effort, definitely circumscribed by practical considerations of time and knowledge, no illusions are entertained about the conclusiveness of its results. It has been undertaken merely as the first step of a process of progressive self-examination and experimental adjustment, as preparation for continued effort to harmonize some of the discords existing between theory and practice and between both of these and the harsh but not necessarily immutable realities of budget and community demands.

PURPOSES OF THE STUDY

It was at once admitted that a study of casework practices as revealed in one hundred cases would deal only indirectly with the quantitative aspects of the problem of increased costs of relief. It would not be possible, for instance, to account in specific ways for the discrepancy between an increase in caseload and a still larger increase in relief expenditures. If analysis of budgets and caseload and statistical study of general influencing trends could furnish no satisfactory answer to this question, certainly a qualitative study of casework could not expect to do so, especially since the latter would embrace only a small sampling of cases that might or might not be representative of dominant tendencies.

The method of study has frankly excluded quantitative estimates and has sought to discover another basis for evaluation and control. Simply as points of departure for an analysis and appraisal of casework practices, the study has raised the following questions: Are relief practices

in current use such as to promote or impair the individual family's capacity for maximum independence? Is the use of relief so adapted to casework aims that it makes casework more effective or does it occasionally interfere with or counteract the effects of such casework services as health care, industrial and educational adjustments, and treatment of personality and behavior disorders? On the other hand, are casework practices sufficiently developed and coördinated to make maximum use of the relief expended? Are the possibilities and limitations of the individual case analyzed and evaluated clearly enough to insure the most effective use of casework services and relief funds for the achievement of attainable objectives? Since caseloads are large and resources both for relief and service limited, are individual cases evaluated so that the service and relief expended on them can be said to be relatively proportioned to the actual opportunities they offer? In other words, are relief and service sometimes spent in the pursuit of impossible aims, or spent in the pursuit of doubtful aims, while real potentialities in the same or other cases are overlooked? If service and relief are not distributed to accord with the relative possibilities and limitations of individual cases and if caseload conditions are recognized to militate against such a selective distribution of money and service, what in the present management of caseload may be improved? Furthermore, if community demands are recognized as obstacles to the Society's use of its own judgment about the investment of service and relief on individual cases, in what respects may the present handling of community demands be improved?

It is at once apparent that a study of casework practices would inevitably be confronted by all sorts of problems arising from administrative conditions in the Society, from the size, training and stability of the staff, from

community situations, and from the operation of those larger social forces which were definitely excluded as direct objects of study. While it was decided that such factors must be taken into account in so far as they effect individual cases, no responsibility was assumed for general investigation and evaluation of them since they are far too complex and extensive for reliable weighing through such a study as this.

In short, the major questions raised for consideration in the study have been: (1) Is the use of relief, as a tool employed by casework to rehabilitate individual families, economical, well directed and effective? (2) Are current casework practices such as to realize the greatest possible returns on the relief spent? (3) Is the distribution of funds and service on individual cases sufficiently selective to realize maximum results from the total investment of time, money, and skill? (4) What other influences promote or prevent the effective economical pursuit of the Society's essential aim of restoring clients to maximum economic independence?

These questions were not formulated with the expectation that specific, categorical answers would be forthcoming. Practice is too diverse and too complexly related to the varying problems with which it deals to permit of direct answers isolated from the context of discussion. The nature of the questions is, however, stated here to indicate the scope and tendency of the inquiry which guided the study. The following report discusses some of the evidence accumulated in the pursuit of investigation of these questions.

THE METHOD OF STUDY

The method of investigation employed has been that of individual case study. There has been nothing distinctive

about this. It has embraced a thorough consideration of the casework data secured through progressive inquiry, of the techniques used in securing these data, of the adequacy of the data as material throwing light on the source and nature of the problems involved, and of the degree to which all data have actually been utilized. It has included a scrutiny of the basis on which diagnosis and plans are formulated and of the extent to which these are intimately related to what has really been done in treatment. Incidentally, those attitudes toward problems of relief and toward underlying difficulties that might contribute to the need of relief have been observed in the case of the worker, the clients, and other agencies and private persons. The recognition of the necessity for and the utilization of expert advice from other specialized fields have been noted. Assets and liabilities in the quality and quantity of facilities for special assistance in diagnosing and treating case problems have been observed. Attention has been paid to the presence or absence of evidence which would indicate whether the caseworker has understood the problems involved, undertaken to investigate phases of the situation which were obscure, and worked according to a conscious but adaptable plan that has been oriented to the problem, to environmental assets and liabilities, and to the physical health, the intelligence, and the personality and behavior of the clients. The effects of changes of caseworkers on individual cases have been noted and weighed in terms of delayed planning and action, inadequate assimilation of recorded experience, blindness to clues revealing important shifts in underlying situations, impairments or improvements in contact, abrupt modifications in plan, unconscious reliance on a previous plan or on earlier undeveloped investigation, et cetera. The use of relief has been scrutinized in terms of the apparent need, the discovered need, the potentialities

and obstacles the case offered for adjustment, the emphasis placed on relief versus the emphasis placed on underlying dominant problems, and the influence of the Society's budgetary difficulties on the caseworker's handling of relief in individual cases. The caseworker's management of relief as a basis for contact and influence with clients has also been considered.

This brief summary of the methods of individual study is necessarily incomplete. There has naturally been occasion for careful analysis of the caseworker's methods of motivating her clients to interest in their problems and to constructive coöperation in working them out. Her leadership has been regarded as part and parcel of the major art of investigating, understanding, and strengthening impaired family relationships and the relationships of family members to relatives, employers, school teachers, other social workers, doctors, et al.

The selection of cases has seemingly been haphazard. In the first place no "typical" problems either of relief or of service have been regarded as of sufficient importance to subordinate the study to them. There has been no desire to investigate relief as an isolated issue and for this reason interest in cases entailing large expenditures has been disavowed. Similarly no value has been attached to the review of successes or failures as such. Actually the investigator wished to escape categories of any kind and preferred to take a rough sampling of a variegated caseload.

The request for cases was made of each district secretary who then discussed the subject with her staff. It was explained that the purpose of the study was to consider cases recognized as involving questions of how service and relief as a tool of casework might be employed to meet difficult problems. It was suggested that those cases might be submitted in which there had been doubt about the

adjustment either of relief or service to the aims of treatment, where the caseworker had been perplexed about what she should or could do in treatment by the use of relief, service or both, or where she had been worried about the quantity or quality of results obtained. In short, the investigator asked merely for "interesting" or "problem" cases. This meant of course that she ran the risk of acquiring an exaggerated idea of the casework difficulties of the Society, but while it is necessary to make allowance for this possibility, it is doubtful whether the cases presented differ essentially from the common run of the caseload. On the other hand, they possess the merit of revealing a varied assortment of live issues to meet which the staff have been vitally, consciously concerned. Since the study was expected merely to initiate a group attack on the problem of improving professional control of relief practices, it seemed wise to enlist the interest of the staff by focusing attention on cases they regarded as significant.

Another reason for inviting selection on this basis was that discussion of many of the cases with those responsible for their treatment was obviously necessary if the investigator were to be sure that she had access to all pertinent data and that she was making reasonably correct interpretations. It was felt that discussion would be less of a tax on the staff and more conducive to a full orientation if cases of immediate interest were chosen. Sixty-six of the hundred cases read were referred for study by the staff and of these fifty-eight were discussed. These were all active cases. Thirty-four of the hundred cases read were chosen at random at the beginning of the study from the closed central office file. They had been closed on July 1, 1927. Eighteen of the thirty-four had received "major care." Sixteen had been given "minor care."

The investigator has been well satisfied with the cases

submitted. It has been evident that they were not presented because they demonstrated presumably superior or inferior casework or decided economies or extravagances in expenditure. In addition discussion of them has elicited a lively response from those responsible for their treatment and has enabled the investigator not only to verify her data but to test her analysis and interpretations. A great deal of time has been spent in discussion of individual cases, profitably so far as the study was concerned, since these conferences with district secretaries, caseworkers, and central office staff have thrown into high relief some of these intangible influences which operate so subtly and pervasively that their effects cannot be concretely identified merely through case reading.

In addition to discussion of individual cases, the investigator has undertaken to inquire into district conditions and history, general problems of caseload, budget, money-raising, administration, community policy, inter-agency relationships, et cetera. For the most part her sources of information have been members of the central office staff and district secretaries. This inquiry has admittedly been inadequate since each question merits special research; the chief value of the inquiry has probably been its confirmation of an initial impression that the various problems of the Society are inextricably interdependent and arise from the interlocking influence of innumerable factors.

NATURE AND PURPOSES OF THE REPORT

No attempt will be made in this report to present the actual case data on which the description and interpretation of trends are based.[1] One reason for refraining from such

[1] The case data referred to consist of: (1) the hundred individual case records which were used for the study; (2) the investigator's notes on the running record,

an attempt is the difficulty of reproducing data of this sort without extending the report to unreadable dimensions. In many instances nothing short of the whole process of actual study would furnish sufficient documentary support. Case data have, however, been reviewed with the staff to give them an opportunity to accept or reject the conclusions reached on individual cases. To a certain extent the investigator's interpretation of trends has also been discussed with caseworkers, district secretaries, and central office staff. However, the report is frankly interpretative and claims no validity beyond that established by the unusual opportunities offered the investigator in securing whatever information she requested.

The report presents merely description of and comment on variable, parallel, or contradictory trends in underlying philosophy; in the definition and pursuit of casework aims; in methods of investigation, analysis, interpretation, and treatment; in the specific handling of such general problems as economic need, illness, unemployment, personality and behavior difficulties, et cetera. It also embodies in generalized, summarized form the content of individual case discussions held with the staff. It does not, however, offer this material in any attempt to define standards, formulate methods, or crystallize a philosophy. All of these proceedings the investigator would admit are beyond her province and her powers. However, the report recognizes a certain obligation to indicate what qualitative criteria were used since any analysis and interpretation implies the use of criteria. In this instance, however, the investigator set up no guides except those previously described as questions

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her analysis and valuation of the case problems and treatment of each case, and memoranda of discussion of individual cases with the staff; and (3) notes on discussions with the staff of general problems, trends, policies, et cetera. Because of their bulk the notes accumulated during the study have been left in their crude original form; they are, however, filed for necessary future reference.

pertinent to a study of relief and casework practices as means to the end of maximum rehabilitation. For the most part they are tentative and suggestive, and their nature is indirectly reflected in various contexts merely to furnish some ground for evaluation of the report itself.

Though the study definitely renounced any attempt to make quantitative estimates, the quantitative aspects of the problem cannot be entirely evaded. The report is concerned only with trends and the casework significance of those trends as stimuli or obstacles to successful results. However, the first questions which might be raised are: How strong are those trends? How frequently do they occur? How intimately and directly are they related to relief costs or to success and failure? These questions the investigator does not try to answer. In a group of one hundred cases trends cannot be isolated and weighed. The effect of any given trend varies according to the circumstances of the particular case. Contradictory or alternating trends appear in the handling of a single case and in the practice of one caseworker. Consequently the investigator concluded that it would be dangerous and misleading to venture upon estimates of the frequency or the strength of influences whose chief effects are qualitative, that what was most significant was the existence of the tendency and what was most essential was an analysis of its nature, causes, and general results.

One characteristic of this report needs frank explanation, its negative emphasis on defects. In simple justice to the cases read, it is necessary to state that the investigator found many of her clearest orientations to defects by observation of the exact reverse in qualities, i.e. weaknesses were often patent because they were lapses from achieved standards. In one sense, then, this report presents a one-sided picture of the Society's casework as measured

by the Society's own standards of and capacity for achievement. If achievements are ignored, it is because achievements can take care of themselves while weaknesses demand urgent attention.

II. GENERAL IMPRESSIONS

ONE of the few generalizations the report can safely make concerns relief expenditure. The study has revealed no examples of free spending for purposes which could be classified as frivolous, unnecessary, or unrelated to the fundamental casework plans of rehabilitation. There is for instance no case where the available income has been adequate to the family's estimated needs and yet has been supplemented by the Society. Nor has the investigator discovered any evidence of relief-giving to families whose own funds continued to be extravagantly expended in high rents, expensive clothing, food luxuries, et cetera. This statement is made in this connection not to endorse the Society's current relief practices but to indicate that the problem of control has not been shown to be the relatively simple one of curbing small or large extravagances. It became obvious to the investigator on examination of the accumulated data that if caseworkers are to administer relief more economically without risking an arbitrary denial of manifest needs they must look for sources of "waste" and unprofitable expenditure not in the disbursement of funds per se, but in the subtle inadequacies of casework investigation, analysis, evaluation, and treatment.

RECORD WRITING

The study anticipated a certain amount of inevitable difficulty in obtaining fair orientations from records. It was to be expected that the records would be questioned even by those who had made them and that findings based on case reading would undergo considerable revision when the cases were discussed. On the contrary, the records

have proved to be unusually faithful pictures of the case situations as the caseworkers saw them and of the actual experience encountered in investigation and treatment. This is no trifling achievement when its implications are understood. It testifies to a sense of responsibility, a quality of control, and a personal integrity that are essential to professional development. The records are honest reflections of what happened whether the happenings are creditable to the caseworker's skill or the results of grievous omissions, blunders, and misunderstandings. Moreover, they are free from apologies, defenses and references to extenuating circumstances and for this reason appeared to the investigator to offer most convincing evidence of the professional spirit which allows facts to speak for themselves.

III. ATTITUDES TOWARD RELIEF

THE INFLUENCE ON INVESTIGATION OF THE CLIENTS' ATTITUDES TOWARD RELIEF

ONE common tendency noted in the cases is that of the caseworker to be unduly influenced in her estimate of clients by the latters' attitudes toward relief. There is evidence aplenty of the conscientious efforts that are made to discover what sort of persons are those who apply for assistance. Usually the whole conduct of investigation reveals the caseworker's consciousness that only by inquiry into the total situation may she obtain a sound basis for evaluating the clients as personalities with varying assets and limitations. Theoretically she recognizes that judgment has to be suspended until she can secure adequate information; in reality many factors in the working situation may conspire to make suspended judgments difficult of achievement. Sometimes the very nature of the immediate problem, critical illness or acute marital conflict, gives the caseworker an opportunity to see her clients in various attitudes before she is forced by the situation to form any hypothesis about their character but in the majority of cases she meets serious obstacles to that objective, open-minded consideration of the clients which sees them not only as they are entangled in the confused and complicated present but as they have evolved through their previous experience and behavior.

The expert caseworker is able to make a delicate, practical distinction between the immediate action by which she may relieve the initial situation without ignoring or surrendering to its unknowns and other activity which would involve her in premature judgments, i.e., she knows how to give emergent relief without compromising her investiga-

tion or being forced to conclusions about problems she still feels need exploration. However, case situations may cause all but the most dexterous to make up their minds about their clients before they possess the necessary data and before they know that they have made up their minds about anything whatsoever. Paradoxically this may occur when they are confused about the validity of giving relief before they have established a sound basis for judgment.

In many cases, the most frequent, most immediate question is that of meeting an indisputable but unestimated need of financial assistance. The caseworker, knowing practically nothing about her clients, is presented with a perplexing array of miscellaneous data about back rent, threatening creditors, and imperative wants. Quick action is demanded not only by the visible facts but by the emotional tensions of the situation. Almost without exception the case records testify to the worker's persistent, skillful pursuit of information which will establish more accurately and comprehensively the nature of the material difficulties she has been called upon to solve. Under some circumstances it may not be simple to do this but its difficulties do not compare with those encountered in attempts to penetrate that hidden, essential core of the case which resides within the personalities of the clients. The caseworker usually shows her reluctance to tackle the material problems of the clients in complete ignorance of their personalities. Nevertheless, while material problems remain dominant, the clients often refuse to give their attention to anything else and compel the caseworker to focus on their financial need by their own obsession with it. Consequently, even when the caseworker recognizes the necessity for further investigation of both present and past and deliberately refrains from final, premature opinions of the characters of her clients, she is constantly being exposed

to personal contacts of a sort most likely to predetermine those opinions.

Access to intimate history under emergent conditions is difficult. On the other hand, the clients express themselves freely and sometimes exclusively in attitudes toward their financial predicament and in assumptions about the rôle the Society should play in helping them out of it. All else about them may be obscure but their attitudes toward relief are clear, and often not only clear but insistent, clamorous, and inescapably disagreeable. These attitudes influence the caseworker and influence her more than she realizes because they color her interpretation of subsequent information. The fact that financial difficulties have to be met, that they have to be investigated before they can be adequately met, and that the clients are preoccupied with them disadvantages the caseworker in securing at the same time enough information about other and previous phases of their personal history to arrive at a broader basis for judging them. This very limitation of her contact to the critical relief issues may lead her to take the clients' attitudes toward those issues as a basis for estimating their character. She is seeking a working orientation not only to the material but to the personality assets and limitations of the case and often the only clues she can find at the moment are those furnished by relief attitudes. In many instances it is plain from a caseworker's procedures in other situations that her occasional use of relief attitudes as criteria is emergent, that she resorts to these criteria when she is insecure, and that their employment results from her desire to play safe.

SOME "TYPICAL" ATTITUDES OF CLIENTS TOWARD RELIEF

Attitudes the Caseworker Tends to Approve

This whole tendency to premature judgment has been sufficiently prevalent to furnish the investigator indications

first as to what attitudes toward relief are commonly regarded as significant and secondly as to what significance is attached to them. For example, clients who are appreciative of relief and raise no questions about delays or amounts are frequently considered promising by the caseworker without further investigation to determine just what their appreciation means. In some instances the worker's favorable opinion is justified by her later experience. Her clients may be people whose appreciation of relief is related to a still deeper appreciation of all the service the Society is rendering them, who value that service as an opportunity for overcoming handicaps, acquiring better understanding of their problems, and recovering a cherished independence. On the other hand, in other appreciative clients, the appreciation derives from traits less conducive to the adjustment the caseworker hopes to achieve, traits she might discover earlier were she not inclined to take all appreciation so uncritically. These are clients whose appreciation is limited to gratitude for financial assistance and who raise no questions because any financial assistance releases them from the irksome necessity of thinking and planning for themselves. In some instances the appreciation is still more doubtful in quality and is merely an expression of the clients' sincere desire to maintain pleasant relations with the source of supply. On the whole, analysis of cases in which this attitude toward relief has been taken as a criterion of the possibilities the clients offer for casework reveals not only its unreliability but the dangers of misdirection to which it may expose the caseworker. Her acceptance of it often closes her eyes to various undesirable attitudes which might otherwise have been anticipated and treated; for example, a docile submission by the clients to suggestions, not for their inherent value to them but as the price they pay for financial assistance; a resistance to further sugges-

tions springing from resentment of decreased relief; an interpretation of all plans involving greater economic responsibility for them as unsympathetic attempts on the caseworker's part to evade her obligations to the deserving, et cetera. In short their appreciation may leave her unprepared for the essential dependency that underlies it.

Another attitude toward relief which apparently has often put a quietus on further investigation and evaluation is that of clients who feel they must play fair because the Society is giving them money. Caseworkers are inclined to overlook other available evidence in the history of these clients, data which reveal a disposition to submit passively to authority, to suppress those differences of opinion which are essential to progressive coöperation, and so to sacrifice independence to "loyalty." For example, among clients of this "type" are some who undertake jobs beyond their physical strength and others who fail to express themselves fully on important issues of marital separation, vocational choice, et cetera, when their feeling may guide the caseworker to more permanent or more constructive solutions of difficult problems. The investigator has noted that in these cases the worker's plans sometimes miscarry unnecessarily because the clients are too respectful to admit the presence of obstacles which she herself cannot see. Actually their coöperation is not given on a level of full participation in thinking and planning and therefore their capacity for thinking and planning is not developed to a degree that ultimately frees them from the necessity for depending on the caseworker.

Another attitude of clients toward relief which seems to arrest the caseworker's investigation of their personality assets and limitations is shame. Unless this is accompanied by a refusal to permit inquiry into the situation, it is usually regarded by the caseworker as evidence of a self-respect

in the client that gives assurance of underlying independence. In a number of instances other unevaluated data and subsequent experience prove the fallacy of this hasty conclusion. These are instances in which the clients, as soon as they discover that the caseworker is friendly and sympathetic, slip into a comfortable dependency to which she remains blind because of her initial assumption. In other cases the caseworker has avoided this pitfall because she has wisely dissipated the shame, not by direct assurances of her personal sympathy but by stimulating the clients to such successful efforts on their own initiative that they eventually feel that the help they have received has been justified by the use they have made of it. Here again the distinction between effective and ineffectual casework is marked by the caseworker's use or neglect of other grounds for judgment than those furnished by attitudes toward relief alone.

Another attitude toward relief which in some cases determines too exclusively the caseworker's evaluation of the situation is that of clients who request some special service but who take for granted their responsibility for meeting unaided their financial difficulties. Case discussion has revealed that in such cases the worker may evade the obvious inadequacy of the clients to their overwhelming problems because she is reluctant to introduce the disturbing question of relief into the relationship and thereby risk a loss of mutual respect; in addition she may occasionally be influenced by the general necessity for economy in relief expenditure. This scruple on the part of the caseworker is so common that it merits special emphasis, the more so because in a number of promising cases it has prevented the worker from coming in time to the rescue of clients who have carried burdens so heavy that they break down in physical health or fall prey to a disabling anxiety or a complete loss of morale.

SOME "TYPICAL" ATTITUDES OF CLIENTS TOWARD RELIEF

Attitudes the Caseworker Tends to Disapprove

However, the attitudes toward relief which are most prejudicial to the caseworker's later, free evaluation of the material the clients offer for casework rehabilitation are those she disapproves, "begging attitudes" or flat "demands" for assistance. Disapproval is not of course the invariable reaction of the worker but in many cases of this general type it is directly manifested and manifested before she has acquired enough information to determine what the "begging" or the "imperious demand" signifies in terms of the clients' present and past situations. Often the existence of such attitudes affects her professional estimate of clients and their possibilities, and therefore either results in a cessation of her investigation of their personal histories or influences her to a biased interpretation of them. The records in these cases show that behind the caseworker's disapproval lurks a fear that if she does not check this attitude in the clients her subsequent casework may rest on weak compliance with emotional appeals or downright exactions. So far as the case evidence at the investigator's disposal shows, the caseworker's distrust of begging clients is frequently justified by other data. However, on the whole it has proved to be an untrustworthy guide to evaluation. In a number of instances the "begging attitudes" have resulted from such an overwhelming series of disasters that it is not strange that the clients throw themselves on her mercy and plead abjectly for help. Externally they cannot be distinguished from those who have subsisted on their own ability to arouse pity, and the errors in diagnosis, when diagnosis is based on the superficial attitude, prove the necessity for reserving judgment until past history is available.

Of the opposite sort but equally distorting to the caseworker's total perspective on their assets and limitations of character development are the attitudes of clients who demand relief as a "right." Frequently this approach prejudices the caseworker to such a degree that she fails to investigate for other possibilities or ignores their obvious existence. She is inclined to conclude that these are clients who will not assume responsibility for their own financial difficulties, who will insist self-righteously on their own way even though that way be incompatible with any solution of their financial problem, who are so shameless about their dependency that they will not avail themselves of the chance to emerge from it. The investigator has found evidence in some cases of serious personality defects that confirmed the caseworker's hasty hypothesis, but in others, which superficially seemed as unpromising, there have been indications of qualities and potentialities no caseworker would wittingly slight.

From the case material the investigator has identified a variety of factors responsible for the demanding attitude, a variety sufficiently wide to suggest that the attitude itself can not be regarded as a safe gauge of the client's possibilities. For example, scrutiny of available data reveals that some of these clients have had no previous awareness that the Society has any but a relief function; others are panic-stricken at the thought of losing whatever status they have attained and try to protect their threatened independence by asserting it to the caseworker; others claim the right to be maintained in irresponsible "independence," without question of their alleged need, inquiry into their use of the money given them, or advice about the problems which have created the need; still others have refused to face their own responsibility for the difficulties which have overtaken them and are unwilling to risk an explanation

lest it involve their seeing their own weaknesses. On the other hand, in this group are clients who have struggled valiantly against increasing odds, who are not yet ready to admit defeat, who feel failure would be evidence of personal inadequacy, and who therefore insist on a "loan" because they still hope to recover lost ground.

It is obvious that in many instances the caseworker's discipline of the superficial attitude is destructive to a self-respect in the client that may be defiant in its expresssion but essentially valuable for her purposes and that her impulsive interpretation of his manner and speech at the time of application may exclude recognition of data without which she can not correctly estimate the pros and cons of his case. Moreover, if she tries to force the clients to an admission of their own contribution to their difficulty or to a realization that their "right" to relief can only be established by investigation, she may simply re-enforce their underlying fear that they have forever forfeited their previous independent status and lost their title to respect from others by their lapse into financial dependency, whereas in cases where the expert caseworker ignores the clients' manner and listens objectively, she usually disarms them sufficiently to obtain information enabling her to judge what are the controllable and what are the uncontrollable causes of the difficulty and whether the arrogant demands have arisen from habitual dependency or from terror at the prospect of falling into it.

The caseworker may also be inclined to react unfavorably to clients who at the outset resist suggested changes in their standards of living. This attitude is frequently interpreted as a sign that they are unwilling to forego luxuries to preserve their independence and that they wish to exploit the Society to maintain a false position. In some cases the history which is later secured supports this early

inference, but in others there are significant indications of the operation of factors which can be identified only by further study of the clients and their past experience. For instance, some clients who are put in this category have clung to relatively extravagant standards of dress, rent, or food as props to a tottering self-respect and as nourishment for a failing sense of their own personal identity; they are clutching desperately at these material symbols of a former financial independence and social adequacy to guard against a complete drop into the abyss, to retain at least a semblance of membership in their own class. When the caseworker appears to deny the naturalness of their desire to remain on their former level, when she confronts them too abruptly with the forbidding reality and rebukes them for tastes and habits unsuitable to their condition, she precipitates either or both of two undesirable reactions in them—one, the total eclipse of the ambition and pride that have previously sustained their struggle for independence, the other bitter opposition to her as a person who depreciates them in their misfortune. When on the other hand she refrains from criticism and avoids the issue of extravagance until she has investigated past and present assets and liabilities, she sometimes finds that the clients surrender to the financial facts of their own volition; they are able to do so because they have been assured not only of their possession of innate qualities which bring them respect despite their circumstances, but also of survival on terms compatible with their own ideas of decency.

COMMON MISCONCEPTIONS OF THE SOCIETY'S RELIEF FUNCTION

The cases on which the study was based have revealed interesting evidence of other more general influences

responsible for undesirable attitudes both toward relief and toward the Society's rôle as an agency giving relief. Of course the caseworker cannot attempt as an individual to contend against general influences as such, but she may often fail to allow for them as natural sources of difficulty and to eliminate them as far as possible by giving undefensive explanations of the Society's functions to those who have entertained mistaken ideas about them. The caseworker may be inclined to take for granted knowledge of her purposes and functions. One justification for her assumption undoubtedly lies in the fact that those with whom she deals also take for granted the Society's purposes and functions and that often when questions are raised they are raised chiefly as personal issues of complaint and criticism.

To the detached observer it is apparent that a serious source of difficulty is this very acceptance of the Society as an agency whose functions are traditional, known, and generously supported. The prevalence in the community of limited, old-fashioned concepts of the family agency's rôle is disturbingly obvious. The family society exists to dispense charity. It is supported because it gives necessary succor to the poor. It is under an obligation to furnish financial assistance since it obtains funds from the sympathetic public to help those whose problems appear to arise from financial need or to demand financial relief for their solution. These are ideas that are stubbornly rooted in traditions among which the whole community grew up. They are indirectly encouraged by fund-raising publicity. They are moreover current among social workers of related fields. The case material provided abundant evidence of their influence, an influence that is the more productive of problems for caseworker and client because it is the fruit of a widely diffused, popular tradition.

The ignorance of other functions than that of giving relief

is apparent, for instance, in the attitudes of social workers from referring and coöperating agencies. Some of these are untrained, some are affiliated with organizations still adhering to almsgiving practices, and others, who have been trained in allied fields where relief is not directly handled, still distinguish the family agency as the organization equipped to provide this special resource. The authority their position as social workers gives their opinions in the mind of the client adds in many cases to the subsequent confusion in which both family caseworker and client struggle before any constructive definition of the relationship between them can be established. Other agencies identify cases suitable for referral to the Society not according to the nature of the problem but because there appears among other difficulties to be some financial need. Sometimes they assure prospective clients that the Society will pay the rent or defray some special expense. In various instances when the granting of relief is in question, the less professionally-minded criticize the Society not merely to laymen in the community, but to the clients themselves. Obviously these are conditions which might be expected to exist among a numerous, diverse, and unevenly developed group. They are also natural in a city where professional discussion of functional relationships has only recently and partially been organized. In addition they indicate the well recognized but largely unmet need for progressive lay education about casework. What have chiefly concerned the investigator, however, are the problems these misconceptions create for the caseworker in establishing a positive and constructive relationship with clients. That the individual caseworker fails to realize how general some of these misconceptions are has been amply demonstrated; furthermore the case material shows that this failure to take the probable existence and sources of such misconceptions into account

may complicate the initial problem and sometimes cripple her treatment of it. In short, she may give too much significance to attitudes in the clients which are after all the only attitudes they are likely to have acquired from their experience in the community as a whole.

COMMON MISCONCEPTIONS OF THE NATURE AND PURPOSES OF CASEWORK

The natural corollary to the mistaken ideas about the relief functions of the Society, which, it is apparent, obtain among most of those with whom the caseworker has contact, is a general ignorance of casework itself, of its nature, purposes, methods, and value for all concerned. When the caseworker discovers the clients in opposition to her interest in the casework aspects of their problem, she may fail to recognize the source of the opposition in those wide-spread popular attitudes that are characteristic of the clients not because they are clients, but because like everyone else they have been brought up to entertain certain attitudes about themselves and their problems. As in difficulties arising from current misconceptions of the Society's responsibility for giving relief to all and sundry who need it, the case material shows that the caseworker's weakness in initiating casework may derive from her tendency to assume that the nature and purposes of casework are understood and to conclude that when clients do not understand or fully accept the necessity and value of casework, their resistance springs from something very nearly approaching a character defect, i.e., an unresponsible desire to obtain funds. In these instances it is clear that she may take her casework function so much for granted as an essential part of her relationship to the clients that she does not appreciate how inevitable it is that the clients and others misconstrue her intent.

The need of explanation—continuous, progressive explanation of the whys and wherefores of casework—is plain in innumerable connections in every case. Frequently this need is beautifully, adequately anticipated, but since it is ubiquitous and yet may not always be perceived, there is a point in indicating some of the commonly overlooked sources of a difficulty contributing so largely to further misconceptions of the Society's essential purposes in giving relief. In the first place, the prevalent ignorance of what casework is about cannot be summarily disposed of by brisk explanation of the sort to which the caseworker may limit herself; she is sometimes too unaware of general prejudices not peculiar to the client to disarm them. In many cases misunderstanding between caseworker and client arises because the caseworker does regard these prejudices as peculiar to the client and also does not see their existence in others whom she needs to educate to her purposes and methods.

Actually the caseworker's matter-of-fact interest in underlying problems of personality and behavior, problems which she feels might have created or in the future might encourage economic inadequacy, is often an unpleasant surprise to the uninitiated, whether they be clients or other laymen. Nothing in the general previous experience of most of those with whom she deals has prepared them to understand the spirit that animates her investigation and her later concern with the purely personal. When clients like her, as they often do, they think this activity is evidence of generous personal interest, but even then commonly fail to see its values. In other cases they like but do not understand her so that their coöperation remains submissive, passive, and superficial. In other instances they may resent the essential parts of her casework, and merely suffer her intrusion into realms where they feel she has no business to

venture, because they suppose their dependence on her bounty establishes her right. These attitudes the caseworker often interprets as evidence of fundamental defects in the clients when they are traceable in part to ideas and standards about personal privacy that pervade society as a whole. In many cases the worker's irritation at and suspicion of the reticence of such clients merely increase their resistance to procedures which they feel unfairly put them in the stigmatized group of the unreliable, incompetent, or disreputable.

It is clear from the records that many clients act not in deliberate opposition to the caseworker, but on the natural assumption that personal problems are inviolable possessions, however painful and onerous. To have anyone inquire into the purely personal implies an adverse judgment on their individual decency; it gives them to understand that with the loss of financial independence they have lost title to self-respect and respect from others. This attitude is evident in clients whose discovered difficulties reflect not at all upon their general adequacy. When it is remembered that their previous experience has included no knowledge of such proceedings except in cases where society intruded into the individual's life simply for its own protection against him, their humiliation and occasional active resistance, above all their inability to see by what spirit the caseworker is guided, may be better appreciated. To some clients this aspect of their relationship to the Society seems an infringement of the constitutional right to personal liberty. The ordinary standards of personal responsibility which have been set up for them make them loath to confide in an "official" person or submit to direction in the management of their personal affairs. They feel and say that there is something essentially uncharitable in taking this advantage of their financial helplessness. It is

patent that, whatever other difficulties exist to account for these attitudes, conventional opinions which the caseworker may fail to recognize play an important rôle in determining the clients' reactions and that her failure to recognize and deal with them in advance often spoils her chance to introduce casework as a valuable, comprehending, non-derogatory service the real acceptance of which would put relief in its proper place.

There is for instance abundant indication that clients have no idea of the bearing which their personal maladjustments have had on their financial embarrassments or on their prospects for working out of these embarrassments nor have they known that any professional group exists which believes it can and should help the individual to solve personal problems when these interfere with his ability to maintain independence. It is evident in many cases that the clients may not only be ignorant of the professional skills and services that have been evolved to meet personal difficulties, they are so affected by conventional opinion that they are not ready to accept and make free use of them. This ignorance is natural and general. In individual clients it may be accompanied by just as natural a fear of the judgment that will be passed by any unprejudiced person on shortcomings which secretly they have believed unique in them. In brief, both the clients' initial attitudes and their later reactions furnish convincing proof of the need for more immediate and more constant interpretation of those functions of the Society which have not become common knowledge and which therefore arouse suspicion and resistance in those to whom they should be of greatest service. The twin difficulties of misunderstanding of the relief function and non-understanding of the casework function of the Society predispose the clients to attitudes unfavorable to the caseworker's purposes. The case-

worker's unawareness of the community misconceptions which contribute to initial misunderstanding is obvious as a factor inclining her to inaccurate judgments of the clients when they show no comprehension of her rôle. The whole situation may therefore result in an increasing confusion about relief, about casework, and about the attitudes of clients and caseworker to each of these issues. Since relief is the concrete question, usually it becomes the center of conflict and so acquires an exaggerated importance as a source of disturbance.

THE EMOTIONAL VALUES ATTACHED TO RELIEF

There is another general difficulty in the giving, receiving and denying of relief which is clearly an obstacle both to the caseworker's objective use of it as a tool and to the clients' use of it as a means to the end of an evolving, ultimate independence. This difficulty arises from the fact that both caseworker and client may attach emotional values to relief which distort its practical values and make the necessary interchange of money an occasion for recurrent conflict. In case records and case discussions it has been apparent that the caseworker may find it hard to reconcile herself to the necessity for handling money issues and may be doubtful about the potentialities of a branch of casework in which the importance of money cannot be evaded. Naturally this feeling about money exposes her to confusion about the attitudes her clients reveal. Her and their mutual unconsciousness of the various values money introduces into their relationship may engender serious misunderstanding, interfering with casework because no one involved recognizes the sources of difficulty. The difficulty actually is not one that can easily be exaggerated for few problems are more complicated than that of putting and keeping money in its proper place in the scheme of

things. It is this aspect of the problem of relief that might well establish family casework as the most difficult of the casework fields.

Naturally an attempt is made by the caseworker to regard money as a simple economic issue easily handled by that common sense which every individual is expected to possess. Actually the values attached to relief are rarely limited to its practical values and just as rarely do those who deal with it realize what its presence or absence, its giving and its receiving, symbolizes. The caseworker may not understand that for different persons it represents different things and that for the same person what it represents may vary greatly with the circumstances. She tries to use it and persuade the clients to use it for its practical values. Fundamentally it is the means by which the individual sustains physical existence. He obtains it as the reward of his labor and exchanges it for material goods. It is also the means by which he protects himself against want, dependence on others, neglect during illness, the unknowns of the future, et cetera. It is also one instrument for self-development since it makes possible education, vocational training, and sustaining cultural and recreational interests. These are real, acknowledged, justifiable uses of money but by no means the only uses to which it is put. The caseworker's attempt to educate the clients to these uses of money may be partially or totally defeated by her failure to see the emotional values it has for them and by her related failure to prevent these values from influencing their reactions to her own disbursement of funds.

SOME COMMON EMOTIONAL VALUES ATTACHED TO RELIEF

It is clear from the case material that money represents much more than the means to material advantages. The possession of money symbolizes power, power over others

and power to do what one pleases with relatively little challenge. The clients, for instance, attribute this power to the caseworker because she gives or does not give relief; they react to this authority of hers as harsh or kindly according to the amount she gives. In many cases they continue to measure her interest in their welfare by this crude criterion unless she succeeds in convincing them that her professional concern for them endures through the ups and downs of treatment and is not affected by passing difficulties about relief.

Money also establishes the measure of family and personal adequacy; it therefore fixes the social status of its possessors. Consequently clients suffer a severe fall in the social scale, in their own eyes and those of their neighbors, when their funds are exhausted. In the caseworker, too, there is often an underlying feeling that their dependency constitutes a stigma, the symptom of various inadequacies, mental, moral, and physical. Conversely, money may signify personal superiority, usually because it enables those who have it to achieve higher standards of personal development, manners, and living in general. This implication may influence the caseworker's handling of clients who have known "better days" and unconsciously make her deal more sensitively with them than with clients whose decline in fortune has been less obvious, though to them just as pervasively upsetting. Of course there is an element of truth in all of these interpretations of the value of money but in so far as caseworker and client remain largely blind to the emotional elements influencing such general interpretations, their common use of money is often not controlled by appreciation of its simpler practical values.

Inevitably relief assumes emotional significance of a profound sort for the clients, if for no other reason than because they have become dependent. It also assumes

similar significance for the caseworker whose employment of it may be influenced by her reactions to the clients and may express those reactions more eloquently than anything else she says or does. By both it is half-consciously accepted as a medium for expressing approval and sympathy; for example, the caseworker sometimes allows relief to acquire this emotional connotation by disproportionately increased expenditures after the clients have yielded some disputed point or when illness or misfortune overtakes them. On the other hand reductions or withdrawals of relief may represent to the clients not only the denial of material necessities, but indifference, disbelief, condemnation, punishment or compulsion on the part of the caseworker. These interpretations are sometimes made in the face of facts that would have borne another construction, but the feeling which is associated with the money situation may impair the ability of both caseworker and client to see and explain these facts objectively. This difficulty is especially apparent in cases where the contact between caseworker and client has been poor; in some of these the client retaliates against the caseworker by indulging in unadvised, unplanned expenditures and the caseworker reflects her doubts of the client in a reduced allowance.

Because money has emotional values not always related to cold reality, some clients obviously do not adjust to their need of it simply by regarding that need as something to be met by active effort. They come to depend on the caseworker's sympathy to give them what they lack, what is obviously "their due." Accordingly, when they are denied it, their attitude is colored by a sense of rankling injustice, of having been defrauded of their rights, and by a conviction that the caseworker's personal indifference or hostility accounts for the denial. Such clients often regard money as an end in itself; the effort that is presumably

required to obtain it has never been recognized by them as a source of intrinsic satisfaction. Consequently, they think of money as a magic release from effort and accept the possession of it through relief as the fulfillment of a desire inherent in all human beings, the desire to live in ease, without work, and without responsibility. For the caseworker all this may create an issue her simpler assumptions do not always qualify her to meet, the professional issue of keeping money transactions as free as possible of emotional meaning, of handling them on the basis of facts, and of refraining from allowing money to convey sympathy, approval, disparagement, or discipline.

The attitudes referred to above are common attitudes to be found in all classes of society, in the relatively adjusted individual as well as in the totally unadjusted, in the caseworker as well as in the client. In family casework, they create special problems. Whenever money is exchanged without a corresponding exchange of service or material goods, these emotional values are likely to gain the ascendancy over the practical values. In such a relationship there is an essential inequality which places the giver in a position of superiority and control, and the recipient, through the very fact of his need, in a position of dependence on the giver's will and good feeling. For this reason there is equal danger both for those who give and those who receive of falling into the pitfall of regarding money as a token of personal respect, sympathy, and approval, or as a means of exercising power and compulsion, or as an excuse for abandoning independent effort. Psychologically, what happens, unless casework comes to the rescue, is that the one who has the money acquires the status of the parent exercising authority, dispensing love, and the one who lacks the money is reduced to the status of a child bound to interpret giving or denial in terms of affection and

approval or of hostility and injustice. For the giver the emotional motive may be that of winning gratitude and admiration, and satisfaction in giving may therefore become contingent upon returns of this unproductive sort rather than upon the realization of impersonal, practical objectives. Unless the caseworker understands the various emotional values money has for her clients she is in danger of allowing those values to affect all concerned without a saving consciousness of what is going on and therefore without resources for offsetting and avoiding what is destructive and utilizing what is constructive in her financial relations with clients.

SOME CAUSES OF THE CASEWORKER'S CONFLICT ABOUT RELIEF

Study reveals very clearly the existence of a many-sided conflict in the caseworker's attitudes toward relief. So far as concrete situations are concerned, the provocations for conflict are impressive in variety and number. The conditions for investigation of the need are often anything but favorable to objective inquiry. Frequently determination of the probable amount and duration of the need depends on a series of diagnoses, psychological, physical and mental. Here there are difficulties in finding adequate diagnostic facilities, in obtaining diagnoses of obscure and complicated conditions, and in translating recommendations into social arrangements that are practical from the point of view of the Society and acceptable to the clients. Frequently physical and mental disabilities are not susceptible to definite diagnosis and the caseworker is committed to a blind future and to all the uncertainties that future may introduce into the situation and her treatment of it. Consequently, when she is so sharply, fearfully aware that relief is a two-edged

tool, that even though it is a primary means of alleviating distress, its awkward use may aggravate the very ills that produce the distress, her actual practical predicament is of a sort that would increase conflicts arising from other sources.

Not only the records but case discussions have indicated the prevalence of other difficulties blocking the caseworker's emergence from conflicts about relief. She is constantly confronted with situations so complex and so acute that it is almost impossible for her to foresee a way out, however much relief and however much service she devotes to the enterprise. This in itself creates anxiety. Moreover, when she is perplexed about the case situation the very impact of suffering and discord may further confuse her. In many cases she knows more about the dangers of easy surrender to apparent need than she can yet know of casework possibilities of attacking at their roots the difficulties responsible for the need. She nevertheless has to take charge of unwieldy, chaotic situations and try to maintain control of them. The obvious interfering issue is usually that of relief and naturally all her uncertainties, like those of the clients, may center about this since it is concrete, measurable, and immediate and since it is her use of it that is in greatest question. For professional as well as practical reasons she wishes to subordinate it to the casework that would enable her to discover how and for what to use it. In many instances her most serious subsequent difficulties may arise from her impatience to clear the way past this obstacle, to force it into the background, and to build her relationship with the clients not on the giving of relief but on a casework partnership. The very opposition of the clients to this may awaken her fear of losing all ground for casework if she yields to her sympathy for their present distress. Moreover, she is unable to see clearly with what sort of people she is

dealing and to be sure that if she meets the current situation, she is not running the risk of encouraging that passive, hopeless reliance on relief which characterizes chronic dependency, that she is not being fooled and exploited, and that in the eyes of the clients she is not settling a problem that can only be understood after considerable further investigation the necessity for which they might deny if she does not retain her bargaining power.

There are other factors, psychological factors, that contribute to this conflict. She may feel obliged to withstand the sympathetic clients lest her sympathies influence her to the disadvantage of the facts. She is confronted by clients whose personality and behavior raise grave doubts about the quality of coöperation she could reasonably expect from them. Denial of the manifest need is, however, painful to her, even in cases where the general bankruptcy in all the resources she wants for rehabilitation seem fairly apparent; nearly always denial means depriving helpless members of the family of necessities they cannot possibly obtain for themselves. On the other hand giving to the wrong client may mean depriving the right client since at best the general budget is limited.

SOME EFFECTS OF THE CASEWORKER'S CONFLICT ABOUT RELIEF

This conflict about relief operates unevenly. Even inexperienced caseworkers who have not resolved it may be free of it in cases where certain combinations of circumstances give them security about what they are doing. Certain members of the staff discover essentially professional solutions. They are not afraid of relief because they possess and rely upon casework skills. They do not struggle against or evade the need of relief as an initial obstacle

because experience has made them confident that if they accept it, they can progress through it without shaking the faith of the clients and without committing themselves to unknown problems. They use the contact gained by attending promptly to emergent needs to interest the clients in the underlying problems which have created the needs. Their solutions, however, are personal solutions evolved from a variegated experience and based on techniques of which they are not always conscious. To the investigator one of the most surprising findings of the study is this unconsciousness of rare ability and skill in caseworkers who have not been aware that they were accomplishing the maximum within the limitations of the individual case because they have supposed that another more competent caseworker might have surmounted the limitations.

Invariably the conflict about relief arises in cases where the worker is confused about casework issues, where she is uncertain about the nature of the problem, puzzled by the personalities and behavior of the clients, and perplexed about the suitability of the plan or the effectiveness of treatment. Her doubts often inspire her constructively to new efforts at orientation through investigation or to revisions in the plan which are prompted by her discovery that she has neglected assets and relied on liabilities. However, her discouragement at the inadequate returns she is receiving for her expenditure of money and service may cause her to seek control of the situation by manipulating relief. In some instances this may amount to an effort to control relief by relief, that is, the caseworker makes a desperate attempt to decrease the need of relief by cutting or stopping an allowance in the hope that this will force the clients to find a solution of their own. In other instances the caseworker is so doubtful from the start that she uses this method of control throughout to the natural detriment of her casework.

So far as the investigator could judge, the core of the difficulty lies in the caseworker's fear of the dangers of relief. This makes her nervous, tempts her to panic-stricken shifts in position before she considers other phases of the problem and other ways of handling it, and forces her in spite of herself to keep relief in the foreground of consciousness to the obstruction of casework analysis and adjustment. Moreover, she may attribute to relief difficulties that have either been inherent in the case situation or that have arisen from defects in her casework. This assumption prevents her from tracing these difficulties to their sources and acquiring information which might help her to determine more realistically to what degree and by what methods she might expect to solve various problems in the case.

The evidence found in the records reveals some of the reasons for the partial failure of some caseworkers to solve their conflict on an entirely constructive level. One of these is obviously the recurrent fear that makes them seek to use relief as a lever for control. This damages their casework and deprives them of the contact necessary to obtain guiding data and to exercise influence. For instance, when the initial need is critical and far-reaching and the clients preoccupied with innumerable emergencies, the caseworker may defend herself against rash capitulation to their demands by insisting on investigation as a prerequisite to action. Often this means the pursuit of facts that are essential, but it may involve as well the implied refusal to see or feel the situation from the point of view of clients to whom the facts seem obvious. In many cases this handling of the situation differs from that of the more skilled caseworker merely in the method of presentation. The latter avoids stipulations, makes immediate adjustments of the most imperative issues, and proceeds meanwhile to get the whole story from the relieved and grateful

clients. Usually the former makes the same adjustments after a limited technical investigation but then suffers from an impaired contact.

The insecurity on the part of the caseworker which forces her to cling to procedure and insist upon it to the clients may express itself in other compromises. Sometimes she evades the immediate issue by counting on the probability of the family's continuing to receive reluctant help from neighbors, relatives, and other agencies in cases where the natural sources of assistance have already been drained, where irritations at an overwhelming need are disrupting relationships and breaking down morale, and where delay on the part of the caseworker can only be interpreted as the result of "red tape" and inadequate understanding of patent facts. This of course is often prejudicial to the attitudes of all concerned. It may cause outsiders to judge the Society harshly for its delays and may sometimes occasion friction between them and the besieging clients. Another consequence of course is a re-enforcement in the community of popular misconceptions of the Society as an agency concerned only with relief and dealing largely with clients of an inferior, pauperized type. In other instances the caseworker's uneasiness about binding herself to the unknown may make her resort to small doles for the meeting of successive needs. This also is objectionable because it reduces the clients to the necessity for begging and encourages the formation in them of the disturbing habit of running constantly to the office for trifling amounts or sending the children with messages whenever their funds are low.

The same underlying conflict is responsible for the worker's frequent effort to establish casework by making relief conditional on compliance with casework plans. In such instances it is often clear that the worker's nervousness

may drive her to force the natural pace of the relationship. She may feel too insecure to wait for the development of a rapport that would enable her to attain her ends through the clients' convinced coöperation. For example, she sometimes refuses financial assistance unless her clients "coöperate" by doing what she asks. At times it is clear that their resistance springs from failure to see the connection between her proposals and their problems, a connection which the new worker occasionally takes for granted without having any very clear idea herself of the specific reasons for a customary procedure. For instance, this difficulty may arise with reference to clinic examinations which the clients feel are beside the point when an obvious financial crisis confronts them. Psychologically, they are often justified in thinking that examinations are mere formalities at such a time and that the caseworker's insistence is based more on her determination to conduct a thorough preliminary investigation than on any crying need for clinical information. In other cases in the later course of treatment, the caseworker may feel so completely balked by the clients' opposition to a new plan that she threatens to discontinue the allowance if it is not accepted. Sometimes she carries out her threat, closes the case, and is then compelled by the very circumstances which existed when she closed it to reopen it. On other occasions she gains her point but in still others the clients may remain obdurate and she may have to yield to their refusal to do what she has ordered.

In no instance has the investigator found that the immediate issue alone justifies a threat of this sort nor has there been any in which either the case situation or the caseworker's relationship to the client improved because the threat was made. Sometimes the threat is a resort to force when the client's difficulty springs from his very resentment of an authority that appears to ignore his own stake in the

situation; in other cases the threat is evidence of the caseworker's exhaustion in the face of a problem momentarily beyond her management and equally beyond the management of the client. The threat impairs contact by reducing the client to submission without participation or it may reveal to the client the fact that the caseworker's ultimatums need not be taken at face value. Sometimes the plan has been at fault; it was premature or unadapted to the situation. Sometimes it is apparent that the caseworker has exaggerated the importance of the plan and has pinned all her hopes on it because she was blind to other possibilities or was worried and impatient because the case was demanding a larger and more extended allowance than she had anticipated. In some instances she may be aware that her casework for unknown reasons has not been bearing the desired fruit. Usually the problem demands review, further investigation, and more careful evaluation if she is to regain that sort of control which is derived from leadership and comprehending coöperation. Her use of the threat is her desperate and sometimes obviously ineffectual attempt to manage the situation by relief because she has not known her clients or their difficulties well enough to appeal to their own interests and aims.

In the same general category is the use of relief as a discipline in cases where some reaction of the clients makes the worker suspect that they are lapsing into dependence, are shirking their responsibilities, or are not frank with her. Whereas the more resourceful caseworker takes advantage of warning signals to check up on underlying problems and find new stimulations to effort, the less confident worker may become alarmed and react either by decreasing the allowance abruptly or else by stopping it short. Here again is the impatience born of fear, accompanied by the suspicion that the source of dependence is

in the relief itself when usually it lies either in more fundamental problems the worker has not evaluated correctly or in casework that has failed to see and deal with them.

Except in the cases of very young workers most of these practices represent reversions from casework to old and discarded methods of control. They may be frequent because emergencies are frequent and because emergencies sometimes tax the caseworker beyond her casework strength. The caseworker who is equal to a crisis takes it more calmly and never resorts to threats because threats betoken bankruptcy and when bankruptcy is actual threats are beside the point. Moreover, the skilled worker, intuitively if not aways consciously, recognizes that when relief is converted into a weapon its uses as a tool are nil. As a weapon it cannot protect casework because it reduces it to a grievous set of conditions imposed on the clients. If they submit to relief on such terms, its potential casework values are lost because it costs them that self-respect and independence which are vital to the caseworker's achievement of her ultimate purposes.

ECONOMIC VERSUS OTHER FORMS OF DEPENDENCE

It has already been noted that one of the besetting fears of the caseworker is that she may encourage dependence in her clients, that they may become habituated to relief, and so may lose interest in regaining their capacity to support themselves. She is accustomed therefore to investigate their past history for information that will orient her to earlier manifestations of the dependency she dreads. She is alert to previous failures to carry financial or housekeeping responsibilities, previous irregularities in employment, previous neglects to pay bills and save money, previous applications for relief, et cetera. She is sensitive

to anything in their present attitudes which betrays a tendency to beg for relief or to demand it as their due. Throughout the subsequent period of contact she watches for certain familiar indications of the dependency which she has learned to recognize as dangerous. For example, she is on her guard with clients whose anxiety about their health makes them refuse to jeopardize it by working; with clients who are passive about hunting jobs, who reject jobs because they are inferior, unpleasant, or hard, or who lose one job after another, et cetera. Sometimes the caseworker is alarmed not so much by any single warning sign as by her experience of a general frustration. When developments in the case which she has not anticipated—illness, marital conflict, irregular employment, et cetera—retard the realization of her aims as she first envisaged them, her fear of a possible chronic dependency is revived or increased. Sometimes in other cases the fact that her expenditures have been greater than she has expected or the period of need prolonged beyond the time she has bargained for excites her suspicion that the clients have not been doing all they might do to free themselves from their reliance on relief.

It is evident from the cases read for the study that the caseworker usually does everything in her power to discover the material and physical factors causing or contributing to the financial dependency and to bring them under the maximum possible control. Moreover, she is intelligently concerned to detect personal attitudes and behavior that might interfere with the client's active coöperation in her plans. However, in evaluating the problem she is to treat she may meet a baffling difficulty in drawing the necessary distinction between the controllable and uncontrollable factors producing the financial dependency. Technically the distinction cannot be hard and fast in many of the cases confronting her; in others it is disturbingly vague and

conjectural. For instance it may be impossible to determine medically whether the client's physical condition admits of his doing light work or whether it is economically incapacitating. In other cases it is not simple to distinguish between voluntary and enforced idleness on the part of a wage earner when conditions in his special trade or in industry in general are unstable. Handicaps of this sort may hinder the caseworker in estimating the real dimensions of certain common problems and thwart her in her attempt to discover whether material and physical difficulties are surmountable or whether they must be accepted as permanent limitations permitting at best only a partial recovery of the family's financial self-sufficiency. Naturally the difficulty of defining the seriousness of such relatively concrete obstacles constantly exposes the worker to the danger of the client's making them an unnecessary excuse for complete surrender to dependence on her. These are indeterminate, intangible elements in the problem which make the caseworker uneasy about her command of the situation since she cannot be sure that one source of the difficulty is not a dependency she may be nourishing by her disbursement of relief.

It has been clear from the case material that the worker may see dependence only in its narrower, economic aspects, and that when it is associated with personality and behavior maladjustments she may regard these latter as interferences to independence which the coöperative client might overcome if he consciously willed to overcome them. When personality and behavior difficulties have not been obvious in the clients' previous history, or at the time of application, she may attribute their later appearance to the destructive effects of relief. Similarly, when initial personality and behavior difficulties have been troublesomely persistent or have progressed to the detriment of her plans, she may conclude that this persistence or progress has been encour-

aged and sustained by relief. This assumption may cause her to resort to various shifts to curb existent tendencies to dependency and forestall the development of others. She sometimes makes a conscious effort to keep relief an issue in the minds of the clients by emphasizing her inability to continue helping them indefinitely. In other instances she decreases relief in order to compel suspected slackers to meet obligations she feels they could discharge if they wanted to assume responsibility. In such ways as these she tries to check the recent development or the threatened recurrence of irresponsibilities which she believes relief has created or fostered. In short, she may try to eliminate dependency by removing or reducing what have seemed to be its causes in her administration of relief.

UNDERLYING PROBLEMS OF EMOTIONAL DEPENDENCY

In part the caseworker's anxiety about emotional dependency seems to derive from a narrow conception of its nature and a failure to recognize it as an almost inevitable factor in every case. This may make her see her job as that of preventing the development of a dependency that already exists. It may also make her assume personal responsibility for having caused through relief later manifestations of an emotional dependency which are only other forms of the problem that has confronted her from the beginning. In assuming these two impossible responsibilities, she may ignore the real responsibility, that of facing the whole difficulty as unavoidable and orienting herself to it as soon as she starts work on the case. For instance, it is necessary for her to identify emotional dependency as a potential, an immediately potential result of the series of events which precipitated and accompanied the initial financial dependency. She is justified in expecting

this even in cases where financial incapacity has followed catastrophes the clients could not have averted and that are obviously not attributable to character weaknesses in them. In many cases of this latter sort the caseworker may see only two things, that the clients have been self-respecting and self-sufficient and that their predicament has not been of their own making. She therefore feels that if they cease to be self-respecting and self-directing it will be the fault of relief. What she needs to see is that in any case, whatever the previous adjustment of the clients has been, the loss of the breadwinner, the experience of disabling or chronic disease, the difficulties of adjustment to unemployment, poorer wages, less skilled jobs, or whatever hardships have been conspicuous in the situation—what she needs to see is that any one or any combination of these weakens the clients' foothold, demands adaptations to an uncertain, bleak future, and requires their acceptance of a new status that at its best threatens to rob them of even the hard-won satisfactions they have previously known. The element of unsettled doubt, the sense of grave handicaps, the sensitiveness to a financial dependency that has undermined their standing in their own eyes and those of their fellows, the disappearance of personal and material assets they have taken for granted as essential, the fear of never regaining the ground they have lost, the feeling that the best they can hope for may scarcely be worth the grim effort necessary to realize it—all these are usually operating under the surface of a troubled situation. These uncertainties, fears, and discouragements are the insidious dangers the caseworker needs to recognize. They offer every provocation to relapses into emotional dependency however adequate the clients have previously been. The caseworker needs therefore to see and dispel them lest they force the clients into a passivity that will later reveal itself in familiar

terms of the emotional dependency so readily aggravated by financial need,—in failure to assume responsibility, in querulousness about their needs, in overprotectiveness of remaining assets too precious to risk and in disintegrating conflicts with one another based on old scores but now accentuated by their individual irritability, dissatisfaction, and hopelessness.

The case material shows that there are other causative and contributing factors besides those obviously connected with the financial dependency and that these may not be properly related in the worker's mind to that more profound dependency which she wishes to avoid. These factors have their source in family relationships, relationships which are largely determined by the childhood experiences of her clients and which in turn have determined the whole later development of their personalities and behavior. Because she does not always recognize the significance of factors originating in family relationships, the caseworker may fail to see that in many cases not only is relief a relatively superficial influence in the present situation but that even the financial dependency and all the losses it has involved are merely complications, however serious or fatal in themselves, of the main difficulties.

For instance, it is sometimes necessary for the caseworker to see that the husband's unwillingness to support his family might arise not from his determination to have the Society support them, but from fundamental conflicts between his attachment to an indulgent mother and his duty to an exacting, jealous wife; that the woman's resistance to work that would supplement an insufficient income might spring from something deeper than her belief that the Society owes her supplementation—from childhood resentments of parental discrimination, parental neglects, and circumstances that have cheated her of her due; from an essential disbelief

in her own power to contend with present problems when no one has ever expected her to face difficulties or to meet them successfully; that the adolescent might be influenced by considerations more profound than that it is the Society's responsibility to assist the family—by his feeling that self-denial is a thankless proceeding when his mother has little use for him, when the father he has been said to resemble is brutal and worthless, and when his own effort and sacrifice would be taken as a matter of course. In short, many of the common resistances the clients display to assuming responsibility derive from unconscious reactions to experiences which befell them long before the caseworker and relief arrived upon the scene; these destructive reactions may be part and parcel of that initial situation which greets her. They have their roots in the past and need to be identified and traced to their source if she is to discover whether present relationships and present circumstances admit of the weakening or elimination of some of the influences provoking them.

It is not odd that the caseworker often fails to understand the full extent and nature of dependency in her cases. Comprehension of dependency in its wider, deeper significance is a recent development not yet become the common currency of casework nor yet worked out in all its practical casework implications. To some degree the caseworker's difficulties have therefore been inescapable. However, it is obvious from the performance of certain skilled caseworkers that the subscription of less skilled caseworkers to a premise that magnifies relief as a source of or stimulus to dependency has obscured for them the meaning of phenomena they would otherwise interpret more accurately as experience brings them to their attention. Undoubtedly if they did not acquire a concept of dependency that is limited to its financial aspects, they would not dwell so

long in confusion about fundamental problems nor fall into fixed habits of procedure difficult for subsequent instruction and experience to break down.

EMOTIONAL DEPENDENCE AND RELIEF

A few of the destructive consequences of a narrow financial concept of dependency have already been indicated in the discussion of the reactions of some caseworkers to the clients' attitudes toward relief. Important among these are the impairment of contact through nervous handling of relief issues; the erection of barriers to further exploration of underlying personality problems; and the false impressions created about the purposes and values of casework services. In addition the overemphasis on the financial aspects of dependency prevents the worker from seeing in all their dynamic connections the problems confronting her in many case situations.

On the other hand, when the caseworker is acquainted with broader definitions of dependence than the limited one of financial irresponsibility, she is released from her anxiety about the destructive influence of relief. She knows that she must not only recognize certain factors in the material environment of her clients that might or might not preclude the recovery of independence, that she must not only acknowledge the partial or total inability of medical treatment to alleviate or cure certain physical conditions, but that she must also take into account the emotional effect on the clients of these uncontrollable circumstances and must try to measure those forces within the clients themselves which might prevent them from responding to whatever opportunities remain for rehabilitation. In short, she can anticipate to some degree a series of psychological obstacles to plans that might appear feasible were she not

aware of latent or active dependencies that are not yet obvious in their possible financial implications. This helps her to reduce, for herself and her clients, the waste and discouragement involved in pursuing unattainable goals. It also helps her to discover earlier what it is possible for her to do in situations where much she might wish to do is more clearly revealed as impossible of accomplishment.

It is apparent in a number of cases that the worker's recognition of the emotional dependencies in the initial and subsequent situations relieved her preoccupation with relief as a problem in itself or as a problem generating other problems. She sees that underlying the financial dependency are emotional dependencies that may determine the possibilities of financial rehabilitation and that if these emotional dependencies can be handled at all, they must be handled by casework. Once she has decided what the interfering emotional factors justify her in attempting, she allows relief to be "taken for granted" because she and the clients need to devote their energies to more basic problems. She is not insured against errors, omissions, and impotence, but she can safely place responsibility for dependency where it belongs, on the intrinsic difficulties of the case situation and on the casework techniques she is equipped to apply to it, not on relief itself. Occasionally, of course, relief disturbs the relationship between her and an unstable client, but the caseworker then looks for the source of maladjustment in other phases of the underlying situation, manages to settle the question of relief objectively according to her evaluation of relevant factors, and proceeds if necessary to treat problems she feels have been contributing to make relief an irritating issue. If she thinks that the case offers few possibilities for rehabilitation, if the earlier possibilities have dwindled, or if those which have survived require a disproportionate expenditure of relief and service

for their realization, she bases her decision to drop the case not on the clients' reactions to relief or on difficulties in disbursing it, but on her conviction that there is little assistance she can profitably render for the solution of the problems producing the financial dependency.

In cases where the dependency has been recognized in its larger implications, the caseworker's exploration of the emotional ramifications of the problem is necessarily gradual, often subject to temporary or permanent impasses, and certainly not free from tangents and oversights; it opens up no royal road to complete comprehension or complete adequacy, but as a persistent process it serves to orient her to the actual nature and effect of environmental handicaps, the accessibility and value of hidden assets, the doubtful aspects of her objectives, and the need of continuous sensitive modification of her plans. In this way she noticeably reduces that inevitable margin of waste effort which is chargeable to the unknown and though she cannot escape experiment she is likely to risk less on any one venture because she is restrained by her own consciousness of the hazards of her ignorance. In many respects the advantages of all this are negative. For instance she is earlier warned that environmental limitations not insuperable in themselves may preclude the rehabilitation of clients whom they strip of all the incentives which have previously motivated them. In other cases she rejects certain lines of action because she foresees that they would encourage known weaknesses. In still other situations she realizes that the personality deterioration of a client is progressive and that none of her skills and none of her resources can prevail against it. However, the advantages are not all of this negative sort. In so far as she avoids probable pitfalls, she conserves whatever resources the clients possess and gains time on the pitiless advance of the

disintegrating forces she hopes to arrest. Moreover, her perception of latent assets and undeveloped potentialities helps her to formulate plans that will bring positive, constructive factors into play. In addition, her awareness of some of the obscure irritants that are disrupting family relationships gives her an opportunity to relieve or offset them in many cases where otherwise much of the diminished energy the clients have to devote to their struggle might be lost in friction and resentment. In brief, she can weigh more accurately the complex pros and cons of the shifting individual situation and measure her expenditures of service and relief to the material, physical, and emotional possibilities the clients offer for rehabilitation. When the more expert caseworker sees emotional dependence as part of the initial problem, she can use relief more confidently to lay the ground for whatever independence the clients may attain, that is, she can use relief for its essential values because she accepts emotional dependence as a challenge to her casework and no longer sees it merely as an ambush into which she is betrayed by her dispensation of relief.

THE VALUES OF RELIEF AS A CASEWORK TOOL

It is evident in the case material that the worker's fear of the destructive effects of relief often obscures its uses and leads her to adopt safeguards against its dangers that actually sacrifice its inherent values. Her obvious unwillingness to accept her ends as merely those of keeping a roof over the clients' heads, supplying such necessities as food, gas, light and clothing, and paying for medical care is characteristic of that advance over almsgiving practices which was marked by the organization of charity. However, this unwillingness is frequently associated with a negative concept of relief that minimizes its potentialities. Since

it is difficult to adapt a tool to its richest uses unless its possibilities as well as its limitations are thoroughly understood, the natural consequence of negative concepts of relief has been a failure to develop its dynamic virtues.

In the first place, relief furnishes an excellent entrée into the confidence and good will of the clients. It indicates that practical assistance will be given, that uncomfortable issues will not be dodged, and that action as well as "cheap" advice may be expected. In furnishing relief, the caseworker meets the client on his territory. To some caseworkers this statement of one of the primary effects of relief may sound repellently like "buying contact." Relief does buy contact for it is the plainest symbol of those varied resources the caseworker brings to the clients' rescue. There is, however, an important difference between using relief to purchase contact and recognizing that it lays the ground for contact in cases where nothing else would achieve that purpose. Actually relief signifies to the clients the caseworker's real desire to assist, her ready understanding of the difficulties most obvious to them, and her acceptance of their situation as they see it. Their view of it may be limited and distorted but it is their situation and the caseworker acknowledges their independence, damaged though it may be, by recognizing their point of view at a time when they are too upset to put it aside in deference to hers. In short, relief gives the caseworker an undisputed right to play a part in the family drama, a right not established by other procedures that appear to evade the emergent issue and that fail to relieve the acute pressures to which the clients are most sensitive. One fallacy in the practices of almsgiving which made almsgiving fall into disrepute was the failure to realize that the initial contact obtained by relief is of no practical use unless it is developed and maintained by casework and that the relationship inaugurated by relief has to be converted

into one wherein financial needs may be seen as incidental to the problems from which the inability to meet them springs; only then may financial assistance be subordinated to the other services the caseworker renders as she reveals fundamental difficulties and discovers ways and means by which the clients may solve them.

Another function of relief is that of providing that essential assurance of survival which permits clients to give their thought and energy to active coöperation in plans for the future. When self-preservation is a major issue, there is no strength for contemplation of whys and wherefores and no nourishment for the finer personal qualities of self-respect, self-direction, and courageous initiative. Relief releases the client from the chaos of actual and impending emergencies and dissipates the anxiety and panic about the immediate future which are so destructive to morale, physical adequacy, common sense, and wholesome family relationships. The error of almsgiving was not always in the giving; it lay rather in the tendency to be content with temporary rescue and in the failure to use the energies freed by the resolution of the crisis for an attack on the problems that created the crisis and that inevitably produced another if they were ignored. In short, the failure was a failure to initiate casework. Without casework, relief is usually nothing but a surrender to progressive difficulties. Without relief, however, family casework would be struggling in vain against chaos.

The third essential function of relief is that of furnishing a foundation for an existence in which the filling of primary needs is not an obsessing problem, a foundation that is secure until the clients are able to fill their own needs. It protects them while they regain their lost equilibrium and steadily survey their complicated situation as it developed in the past and continues to evolve. It gives them confi-

dence of support, and support not merely in the financial sense, until they are able to stand more and more on their own feet. It sustains them during the trying period spent in recovery from remediable handicaps, in finding new or neglected resources, and in learning to adjust to losses and liabilities without too much discouragement because they have discovered fresh satisfactions in conquering some of their known difficulties and working out those they had not previously admitted or recognized. Of course limitations in the environmental conditions and in the physical, intellectual, and emotional capacities of the clients determine the degree to which financial independence is recoverable in the individual case, but the determination of the degree to which it can be recovered and realization of the discovered possibilities are problems for casework. Failures of casework to evaluate and treat within limitations can be attributed to relief only in the sense that professional conflicts about relief have tended to embarrass objective thinking about casework problems and methods while the need of retrenchment in relief expenditures has made it psychologically hard for money-conscious caseworkers to devote their attention to the further development of those casework techniques of evaluation which would be most conducive to directed economies in funds and service. From a professional point of view relief is expended fruitlessly when casework has not succeeded in discovering those personal and environmental assets and limitations of the clients which must be considered before they can be motivated to practical goals, or when casework has overestimated the possibilities for recovery of clients who now possess none, or when it has not developed the techniques necessary to stimulating the clients to an independence far more satisfying than the possession of relief. Certainly it is clear that the real dangers of relief consist in the injury

"nervous" handling of it does to that security on which casework depends for a *modus operandi*. This does not imply that in general freer expenditures would be advisable for naturally there is no reliable way of estimating what relief would cost if situations were handled differently. In some instances, to be sure, there is reason to believe that the caseworker may be following "a penny wise, a pound foolish" policy and that more adequate relief would shorten the period of financial dependency and possibly reduce the total expenditure on the case, but on the whole the problem does not appear to hinge on the quantitative disbursement of relief, but on the qualitative; this means it hinges not on relief, but on casework.

PROBLEMS OF ADJUSTMENT TO THE GENERAL RELIEF BUDGET

It would be evasive to drop the problem of relief at this point without acknowledging that the realization of the positive values of relief depends on access to resources that are prevalently inadequate. Financial security is essential to the maximum development of the potentialities of the individual case but it is practically impossible to provide that financial security for every case under care. When the caseworker does establish an artificial security, the answer to the question as to whether that financial security will eventuate in the closest approximation to independence of which the clients are capable under the limiting external circumstances, depends on casework. However, if casework is to utilize the financial security relief supplies to stimulate the clients to self-responsibility and self-direction, it must spend more time on investigation, analysis, and evaluation. Here again it is practically impossible under existing conditions to give that much service to every case under

care. Another prerequisite to the confident use of relief as a tool is professional expertness in the caseworker. On the other hand it is inevitable that casework will continue for some time to be done by caseworkers in training whose personal growth is retarded by habits formed in the trial and error of an experience that cannot be thoroughly supervised. Obviously there is no easy highway to control either of relief or casework.

Caseworkers know that even if they were not handicapped by limitations in the amount of money, time, and skill they have at their disposal, they would be qualitatively limited by the cases themselves. In varying degrees individual cases present obstacles to complete rehabilitation, and some or all of these obstacles may be insuperable according to the specific circumstances. Since casework must adjust to the realities of limited budget and limited service, one means to that adjustment would be the selective distribution of funds and services according to the assets and liabilities of individual cases. As a matter of fact evaluation of individual cases demands the development of the ability to do the sort of investigation which reveals what the assets and liabilities peculiar to each case actually are, to analyze their causes and effects, to estimate what chance there is to utilize the assets and offset or eliminate the liabilities, and to direct treatment to achieve whatever ends are attainable. The development of such an ability is in itself not simple but it is possible even though there would be hindrances in the common conditions of heavy, unstable caseloads, turnover, and the demands of an uneducated community. Certainly a united effort to make the development possible would focus valuable energies that might otherwise be partially wasted in attempts to cope with isolated difficulties; moreover such an effort would invest with professional significance phases of the total executive,

administrative, and casework job which might else be reduced to dull mechanics, remote from casework even though essential to its organized existence.

SUMMARY OF CHAPTER

The caseworker tends to be unduly influenced in her estimate of clients by their attitudes toward relief. Despite her effort to suspend judgment until she has acquired adequate historical information, her evaluation of the clients' personality assets and liabilities may be unconsciously biased by the attitudes they show under the stress of financial emergencies.

The caseworker tends to regard with approval clients who manifest appreciation of grants of relief, who feel that they must play fair because the Society is giving them relief, who show shame at having to receive "charity," or who take for granted their responsibility for meeting unaided their financial difficulties. On the other hand she tends to form unfavorable estimates of clients who show "begging" attitudes, who make flat demands for relief, who regard relief as their right, or who oppose suggested changes in their standard of living.

Analysis of other case data about clients reveals the unreliability of judgments based on early observation of such attitudes toward relief. Fundamentally promising clients may display troublesome reactions to relief and fundamentally unpromising clients may be moved by undetected dependency to show attitudes which appear favorable to the caseworker's ends. The real significance of the clients' attitudes toward relief, i.e., in terms of their independence or dependence of character, can be determined only by an investigation of their present and past which reveals their underlying motives and problems. Estimates of the clients which are colored by general interpretation of their superficial attitudes toward relief may be partial and distorted and therefore prejudicial to accurate evaluation and treatment.

Another factor invalidating estimates of the clients by their attitudes toward relief is a common misconception of the Society's function as a relief-giving agency. This misconception of relief as the Society's reason for being is traditional in the community as a whole and is entertained by social workers of allied fields who

tend to confirm the clients' ideas. The family caseworker must take the popular existence of such misconceptions into account if she is to avoid attaching an exaggerated significance to them when she meets them in clients.

Related to the prevalent misconceptions of the Society's relief functions is an ignorance of its casework function. The caseworker may attribute the clients' resistance to investigation to an irresponsible desire to obtain relief when actually it springs from a popular ignorance of the nature and purposes of casework. To any uninitiated layman investigation into the individual's personal affairs may seem intrusive and insulting. If the caseworker does not anticipate this reaction and the necessity for disarming it, she may misunderstand the clients and become involved in conflicts about her obligation to give relief and her justification for doing casework.

Another difficulty in relief-giving may arise from the caseworker's ignorance of the emotional values attached to money. Money is essential to self-preservation and self-development, is obtained as the reward of labor, and exchanged for material goods. However, these practical values may be subordinated to emotional values. For instance, money can symbolize personal power, social and personal adequacy, the capacity to punish or reward, the release from all effort, just as its absence or withdrawal can symbolize injustice, inferiority, et cetera. Therefore the clients may not accept their financial difficulties realistically nor regard relief-giving as a procedure regulated by practical considerations. Likewise the caseworker may be tempted to use relief not merely to realize her primary purpose of helping clients to meet financial problems as practical issues but also as a medium for expressing her approval or disapproval, for imposing her will, et cetera.

The caseworker may develop a personal conflict about dispensing relief because she is afraid of pauperizing the clients by relief not adapted to the nature and extent of their needs. Determination of the actual need may be blocked by difficulties of diagnosis. In her desire to base her procedures on a reliable diagnosis, especially of physical conditions, the caseworker may hesitate to commit herself by giving emergent relief and so may accentuate the clients' natural preoccupation with critical money issues. When treatment does not progress according to her expectation of an increasing independence, she may attempt to

gain control by manipulating relief. These and other compromises are apparently due to her fear of relief as a source of or encouragement to dependency. They are often destructive to contact, to the clients' understanding and acceptance of casework, and to the caseworker's pursuit of investigation and treatment.

One source of the caseworker's difficulty lies in her tendency to see dependency too exclusively in its financial aspects and to attribute its development to the giving of relief. Emotional dependency, i.e., the relative inability of the individual to avail himself of every existent opportunity to manage his own affairs by his own efforts, may be precipitated by the events immediately occasioning the application and robbing the individual of assets on which he has relied, or it may be rooted in more fundamental personal weaknesses in the client which have in the past interfered to varying degrees with an adequate assumption of responsibility. The expert caseworker recognizes emotional dependency as a potential in every case which she must investigate and evaluate before she can formulate plans for treatment which are based on accurate appraisals of assets and liabilities. Realization of this prevents her from exaggerating relief as a factor in dependency and helps her to face emotional dependency as a problem to be investigated and treated by casework. By renouncing her belief that relief *per se* is a primary source of dependence or that it may be used as a disciplinary tool to check a developed dependency, she can devote her attention to the problem of investigating more accurately the causes of the individual's dependency as these lie in his personality and his circumstances. Moreover, she can then measure more sensitively the possibility of treating his discovered difficulties under known environmental limitations.

The values of relief may be sacrificed to nervous fears of its dangers. Relief furnishes an excellent entrée into the confidence and good will of the clients. Relief provides that essential assurance of survival which permits clients to give their thought and energy to active coöperation in plans for the future. Relief furnishes a foundation for an existence in which the filling of primary needs is not an obsessing problem,—a foundation that is secure until the clients are able to fill their own needs.

It must be recognized, however, that it is practically impossible to provide for every case under care the financial security essential to the maximum development of the clients' potentialities for

ultimate independence. Moreover, it is impossible for the case-worker to give every case the time which investigation, analysis, and evaluation would require if the opportunities afforded by the establishment of financial security were to be fully utilized. On the other hand, it must be recognized that another group of limitations exists in the cases themselves, varying limitations in the potentialities of the clients and in the possibilities of the environmental situation. Therefore one solution of the whole difficulty might lie in the development of finer techniques for the evaluation of possibilities in individual cases and for the distribution of funds and service in proportion to the opportunities the individual case offers for the achievement of the desired casework ends of economic and personal independence in the clients.

PART TWO

OTHER CASEWORK PROBLEMS RELATED TO PROBLEMS OF RELIEF

I. INTRODUCTION

ANY attempt to appraise current relief practices is shortly converted into an appraisal of the methods that are being used to investigate, diagnose, and treat underlying problems of physical health, mental health, family relationships, employment, et cetera, as problems which cause or contribute to the need of relief. In so far as casework investigation falls short of discovering the nature and causes of difficulty, the treatment of which relief is but one instrument fails to touch the factors which produce a continued need of financial assistance. In so far as methods of diagnosis are faulty, treatment is misdirected and the influences which create dependency operate uncontrolled. Similarly, when methods of treatment are not properly adapted to eliminate or modify those forces in the situation which are destructive of personal and financial self-sufficiency, both service and funds are wasted to the degree in which casework fails promptly to realize its possible opportunities. Finally, the inadequacy or absence of needed community facilities for diagnosis and treatment deprives all the casework processes of full effectiveness, limits the success of treatment, and so diminishes the returns accruing to the caseworker on her investment of professional skill, time, and relief.

In short, undeveloped casework methods and insufficient community resources may be responsible for delays and for partial or total failures in the solution of those problems which have rendered the clients dependent. These delays and failures result in larger, more prolonged, or less profitable expenditures of relief, that is, they tend to make casework more costly in terms of relief, and therefore they merit patient, progressive study if relief is to be more economically,

more effectively utilized. The caseworker will struggle in vain with phenomena apparently arising from the secondary need of relief and the secondary problems of dispensing it unless she recognizes and confronts those more essential problems which determine both the need of relief and her prospects for eliminating that need at its source.

These problems of health, personal adjustment, employment, et cetera, which create or contribute to financial dependency, are often problems of great complexity. Moreover, they seldom occur singly and their interaction raises further issues of illimitable variety. In the foregoing discussion of general problems of relief, the attempt to indicate the connections between the difficulty of disbursing relief and the difficulty of handling underlying problems was limited to an effort to shift the onus from the former difficulty to the latter. In the following chapters some of the major underlying problems are sketched, some of the errors of commission or omission in common casework methods of handling them are briefly indicated, and some of the obstacles arising from the inadequacy of community resources for diagnosis and treatment are pointed out. This material does not assume to cover the entire ground; it is presented as crude and partial illustration of the nature and influence of problems in case situations and casework technique which it has been argued are basic problems to be considered in any systematic attempt to control and better utilize relief investments.

II. PROBLEMS OF PHYSICAL HEALTH

EMPHASIS ON PHYSICAL HEALTH

THE case records used for the study reveal the constant, indefatigable effort that is made to detect and secure treatment for physical conditions that are directly causing the financial dependency, hindering plans for the rehabilitation of the family, or impairing the chances of the children to realize a wholesome self-sufficient future. In many instances treatment of chronic disease and attention to major and minor emergencies absorb so much of the caseworker's time and energy that family casework appears to be converted into health work. To a large extent this is inevitable; in many cases health issues predominate over other material problems confronting the caseworker and the possibility of rehabilitation hangs on the handling of these physical obstacles to self-sufficient activity.

The importance of health can scarcely be exaggerated. Nevertheless casework and clinical overemphasis of physical weakness and defects is frequently a factor productive of an increased emotional dependency that makes the clients' return to financial independence a longer, less successful journey than the objective facts warrant. Sometimes the excess of emphasis derives from the caseworker's refusal to consider critical relief problems until the clients have been physically examined. In such cases, when the physical findings are positive, there naturally is established in the mind of the client an undesirable association between the physical condition and the granting of relief. In other cases where the clients' financial situation disposes them to anxiety about what would happen if medical recommenda-

tions for an operation or for a period of hospitalization were followed, the previously noncommittal caseworker's assurance that the family will be financially provided for until the patient is well puts an undesirable stress on physical difficulties as grounds for a relief that might otherwise be hesitantly granted. Another tendency producing this general impression that physical conditions legitimize financial dependency is that of the caseworker to relax her supervision of expenditures in times of illness. This is not in itself destructive but in a number of cases her attitude on such occasions contrasts so sharply with her usual habit that the clients cannot help unconsciously attaching an exaggerated importance to the effect illness has had on her disbursement of relief.

There is one other casework practice that is conducive to the same false emphasis, the practice of initiating casework by wholesale examinations and treatment of every member of the family whether or not the practical immediate need is indicated. In some instances the whole family is soon so preoccupied with health issues which have never before engaged their attention that equally significant questions fall into the background and a group attitude develops of oversolicitude, caution, and fear of exertion as a risk to physical well-being. Actually the fault is one of perspective. The technical problem of seeing that physical conditions are properly treated without allowing them to monopolize the center of the stage is a delicate one to manage under any circumstances. For instance, when an adult client is suffering from an advanced stage of tuberculosis, it requires a rare skill to keep clinical follow-up of the children from encouraging in the parents disabling anxieties and a protectiveness injurious to the children's personal development Obviously in handling health two technical questions need more consideration by the case-

worker, first, that of avoiding a close association between illness and relief, and second, that of preventing health from becoming a static end in itself rather than a means to various dynamic ends.

PROBLEMS OF CLINIC ATTENDANCE

One of the common difficulties besetting the caseworker is that of interesting certain clients in clinic examinations and treatment. Resistance to the caseworker's suggestion that the client be examined is a frequent phenomenon, often met by the worker as a stumbling block to any further action and therefore handled as a critical issue. As we have already noted, the caseworker's tendency to make relief conditional upon clinical examination may make treatment of physical problems seem an imposition of her will upon the client; it also incurs a continuous, furtive opposition on the part of the client which makes his personal relations with the clinic unsatisfactory and his response to recommendations defensive and evasive. In some cases of this sort an avoidable issue is raised and a prejudice to physical treatment created by the caseworker's insistence on clinical advice at a time when the clients are unreceptive because they are preoccupied with financial worries.

In a number of other cases, however, the client's objection to clinical examination may spring from sources the caseworker needs to investigate if she is to gain her point by more constructive methods than coercion. There is the client's fear of serious findings, the memory of disagreeable previous experiences, the distrust of free advice, the folk tales of neighbors and relatives, the bitter disillusionment with all medical practice because a series of private physicians has given conflicting opinions or has failed to be of help, the association of hospitals with dismembering opera-

tions and death, et cetera, *ad infinitum*. Often resistances from such sources as these may yield if the caseworker waits until a firmer contact gives her influence over the client's fears and suspicions, whereas her inopportune urging sometimes merely brings her to an *impasse* where she meets defeat and the client's prejudices triumph.

In cases of another sort the caseworker's zeal may be responsible for her failure to meet the initial question of medical treatment on a realistic level. These are cases where the client has suffered from serious but undiagnosed difficulties of long standing. In her desire to convince the clients of the necessity for clinical care, the caseworker unintentionally, through the very force of her argument, may encourage naïve hopes of immediate relief or cure and naturally when these hopes are not realized the clients react by an increased discouragement and a loss of faith in the caseworker's own judgment.

In quite another category are other problems of clinic attendance that tend to demoralize clients. Familiar among these is the lack of an appointment system in many of the clinics. Aside from the time wasted in waiting and the occasional inability of the doctor to see the patient, resistance to continued treatment frequently arises from the difficulty mothers find in arranging for the care of their children during their absence and from the interference with the job the loss of time creates for men whose employment situation is unstable. More complex is the occasional situation in which, through the failure of the caseworker to obtain the opinion of the doctor, the client whose condition cannot be relieved by further treatment continues to make futile clinic visits. Sometimes the trip to the clinic is costly not only in time, expenses for taxis, and arguments destructive to contact, but in the physical strain to which the patient is subjected.

PROBLEMS OF RECORDS AND REPORTS

A well-recognized problem frequently arising in the caseworker's relationship to clinics is that of records and reports. In view of the average clinic's stenographic lacks and its consequent difficulty in meeting the social agency's demands, some of the caseworker's routine inquiries might well be omitted without injury to her knowedge of the case. The caseworker is sometimes in the habit of making a routine investigation of health histories without much thought about the practical bearing such investigation may have on the problem with which she is confronted. In some instances, for example, requests have been made of hospitals for information about minor operations that is unnecessary since reliable general medical examinations are already planned and would furnish the desired check. In other instances the client is sufficiently well posted about previous experiences to justify the acceptance of that information in the absence of any indications of subsequent physical difficulties. In still other cases confirmation of information already carefully given to the caseworker may be routinely requested under circumstances that might well irritate the busy clinician who took the trouble to explain the situation at the time of the examination.

On the other hand the caseworker may fail to grasp the necessity for making a verbal or written report when that report might be transmitted to the clinical examiner by the hospital social service. This omission is occasionally noticeable in cases where the client suffers from a language handicap or is so disturbed by his symptoms that his own powers of explanation cannot be trusted. In the same general category of omissions are weaknesses in the caseworker's presentation of the social facts relevant to the client's problem and inadequacies in her phrasing of the

points on which she desires information. As a result she sometimes relies on the clinic's ability to treat a condition in ignorance of the work or domestic responsibilities which have been aggravating it. In other cases the general character of her request for information about the diagnosis and prognosis may leave the nature of her need for orientation so much to the clinician's imagination that she does not obtain the social interpretation she wants and so is not properly guided in her effort to integrate medical recommendations with social treatment.

PROBLEMS OF SOCIAL ORIENTATION TO TREATMENT OF PHYSICAL CONDITIONS

It is evident in the case material that one of the most baffling of the problems arising from serious illness in the clients is that of securing and maintaining an adequate orientation to their physical status and to changes for better or worse in that status. In some cases obstacles to orientation have arisen from the very nature of obscure or complicated physical conditions, in others from maladjustments in the situations and relationships of clinic and agency. In a number of instances, however, a contributing factor to the problem is the caseworker's inadequate appreciation of her need to be informed and therefore of her need to establish a relationship with the clinic that would make possible a more sensitive adaptation of her casework to developments in the medical situation. When she does not realize these needs, she may let her casework rest on the broad assumption that since the client is receiving outpatient or in-patient care, she, the caseworker, can keep sufficient track of the course of events by occasional check-ups on his condition.

Actually this frequently commits her casework to the

unknowns of an undetermined diagnosis or indefinite prognosis in cases where a busy clinic is likely to overlook the need of constant evaluation of the status of the case. This may result in drift that is wasteful in itself or destructively conducive to the client's lapse into hopeless passivity, or to his acceptance of an invalided state as a legitimate release from responsibilities becoming more remote and impossible as his disabilities come to monopolize all his attention. In other cases it exposes the client and the caseworker to sudden reversals for which neither has been prepared: the caseworker learns on inquiry from the clinic that maladies which had first been thought physical in origin are hypochondriacal, or that further examination has revealed an incurable condition the progress of which cannot be arrested nor the symptoms relieved, or that an affection which had earlier appeared to make a long period of idleness advisable now admits of light work, or that the previous diagnosis is in doubt and that a differential diagnosis can be made only after further examination and observation, if at all.

Changes in diagnosis and prognosis are of course inevitable and sudden reversals cannot always be foreseen, but in many instances of the sort described above, the change or element of doubt might have been anticipated and serious difficulties thereby avoided. Actually a gulf has been allowed to exist between the ascertained physical facts or the current medical hypothesis and the social treatment which should have been guided by those facts or that hypothesis. The client has been allowed to take seriously complaints which are not susceptible to physical treatment, or he and his family have been encouraged to entertain hopes the disappointment of which is consequently more disrupting, or he has adjusted to a prospective idleness from which he is suddenly to be roused even though in his

mind his condition is the same, or he is subjected to fresh anxieties and doubts about an affection he thought was understood and under control. What this abrupt overthrow of the previous status may mean to the client is not always realized by the caseworker who has to meet his subsequent depression, resistance, and anxiety, and the reflections of these in other members of the family.

EMOTIONAL IMPLICATIONS OF HEALTH PROBLEMS

The worker may not be sufficiently aware of the emotional implications to be considered in the handling of health problems. Certainly the case material furnishes convincing evidence of the actual or potential existence of emotional complications in every health problem. In the first place, the loss of physical adequacy reduces in sick clients that confidence in their own ability to meet the future which is essential to adjustment. In the second place, serious physical conditions transfer control of the clients' personal destinies from their own hands to those of the caseworker and the clinician and this naturally re-enforces other existing tendencies to emotional dependency. In the third place, the client is likely to become habituated to the sympathy and attention given during illness and is apt to resist surrendering these passive satisfactions for the more constructive satisfactions of independent effort and the successful carrying of responsibilities. These are usual accompaniments of illness in any person.

In case situations it is important that the caseworker be equipped to combat the client's natural but undesirable reactions to illness and that she realize that her chance of combating them depends on her own sensitive orientation to the current status of the client. Otherwise she is exposing herself to contingencies which may upset her casework control of the situation. It is clear in case after case that

she needs to follow the course of the disease if she is to shift her emphasis imperceptibly and realistically: otherwise in certain instances she cannot indirectly discourage exorbitant hopes that will prevent the clients from adjusting to more limited possibilities; in other instances she cannot create in the client a hospitable attitude toward the reassumption of responsibilities because she cannot gradually bring into the foreground the slight improvements that make his undertaking such responsibilities feasible; in still other cases she cannot insensibly prepare the client for the postponement of physical relief or cure or the necessary adjustment to indefinite invalidism. Actually of course the caseworker must not expect to control directly a medical situation even in cases where she appreciates the casework issues involved but in many instances her own unawareness of existent doubts and possible contingencies unduly exposes her to dangers she might otherwise reduce or avoid.

SOME EFFECTS OF INADEQUATE ORIENTATION TO HEALTH PROBLEMS

The caseworker's lack of a continuous orientation to the changing physical status of the client may subject her casework to the futility and waste of encouraging attitudes or plans that later become insuperable obstacles to the only adjustment the revealed situation makes possible. In some cases the most expert and interested clinician cannot save her from this; in others it is scientifically impossible to arrive at a definite diagnosis and a reliably definite prognosis, but it is frequently apparent that knowledge of the uncertainties ahead would prevent the caseworker from depending on hypotheses that are essentially unstable and allowing her clients to acquire fixed attitudes toward situations which demand progressive readjustments.

In case records there may be found convincing evidence

of the material injury such false reliance on inadequate clinical data does to casework. In some instances the delayed perception of the limited possibilities for recovery may be responsible for a failure to refocus the plan and prepare some other member of the family for the economic responsibilities that have to be assumed. This occasionally involves a secondary failure to safeguard the health and morale of the person on whom these responsibilities will fall. In other cases, the reversal precipitated by tardy knowledge of the facts may impair contact to such a degree that the clients refuse to credit the new interpretation, persist in their hopeless pursuit of the previously promised relief or cure, and reject suggestions for adjustment to the realities. In still others, those hypochondriacal attitudes of the client which have been fostered by the prolongation of physical treatment and the general acceptance of his disability develop into an anxiety state the more acute because he resents the sudden withdrawal of interest from a condition just as severe as it has ever been and therefore just as real to him. He is consequently disposed to prove the reality of his complaints and justify his right to special consideration. Of course, this determination to establish his claim concentrates all his attention upon his symptoms. As a result he may be judged a "malingerer" by those who do not recognize his mental illness as the natural product of all his previous experience; therefore his condition is inadequately handled unless it develops to a degree that makes his mental abnormality indisputable. The chain of cause and effect that operates in these cases is often not perceived by those who handle them clinically and socially, largely because in retrospect they attribute the client's attitudes to character defects that have been overlooked or to the influence of relief as an encouragement to dependency.

As a matter of fact in even the most complicated cases there are found frequent exceptions to this sort of casework fatality. Sometimes the expert caseworker has triumphed over the most unfavorable circumstances in the case and in the clinic relationship and has maintained a constant delicate integration between the medical and the social treatment. In other instances the caseworker has been given sustained guidance through the good offices of highly trained medical social service and keenly interested clinicians. Then there are cases in which the discovery of previous lapses in communication has stirred caseworker and clinic to an effective coöperation that takes into full account the genesis of the clients' present resistances and may eventually be successful in overcoming them and re-establishing a constructive basis for treatment.

However, the case material reveals very clearly the crying need for closer coöperation between clinical staff and agency workers. The numerous, stubborn obstacles to this coöperation are so well known as scarcely to merit mention here,—on the clinical side, overcrowding; the lack of appointment systems; meager facilities for record keeping; the lack of centralized files; the inadequacy and functional isolation of medical social service; changing and unsocialized medical staff; lack of coördination between the various out-patient departments; insufficient time for individualized study and treatment; ignorance of and indifference to the social factors in the case;—on the agency side, ignorance of clinical routine and professional boundaries; inadequate interpretation of the social factors for clinical orientation; inadequate comprehension and utilization of medical advice; inadequate facilities for the maintenance of conditions favorable to successful treatment, et cetera. Naturally the solution of some of those problems would at best be a long, involved process demanding the patient coöperative effort of various

groups in the community. From the vantage point of the family casework society, any improvement would eliminate certain wastes of service, funds, and the potentialities of clients for social rehabilitation.

Technically, the evidence accumulated in the study shows the need of a greater casework appreciation of what is involved in handling health problems. The caseworker's ignorance of the significance of medical findings may be accountable for her failure to anticipate predictable developments, to connect later complications with the primary condition, to make a social application of medical recommendations, et cetera. To a certain extent of course responsibility for all of this should rest upon the clinician and cannot safely be entrusted to the caseworker. However, what the caseworker essentially needs to meet her phase of the difficulty is sufficient grounding to entertain relevant curiosities; to inquire into probable limitations of treatment in terms both of relief and cure; to ascertain what disabilities of pain, irritability, fatigability, postural weakness, et cetera, must be taken into practical consideration; to know when to ask the clinic to explain in greater detail recommendations which might upon further discussion prove to be based on a prognosis much less favorable than that implied in the suggestion of country care, a return to work, light work, et cetera; to orient herself to probable developments in the course of the disease, et cetera. In short, one of the more controllable factors in the present unsatisfactory handling of health conditions is the caseworker's awkwardness in approaching the clinic for further elucidation of points important to her proper treatment of extra-clinical issues; the case material furnishes strong evidence of the value of eliminating this awkwardness, evidence to be found in the greater clinical assistance the expert worker is able to obtain in the face of the very same obstacles that overcome the less adroit caseworker.

SUMMARY OF CHAPTER

Physical conditions may present the most difficult and time-consuming problems with which the caseworker is confronted. The possibility of rehabilitation may depend on the handling of these obstacles to self-sufficient activity. However, there is a danger of overemphasis of physical weaknesses and defects which in itself may be destructive to the client's maximum recovery of financial independence.

This overemphasis may arise from the caseworker's tendency to make clinical examinations a prerequisite to the granting of relief. It may also arise from the special financial concessions she may make in time of illness. Examinations and treatment of the whole family may put an undesirable stress on health as an end in itself. The clients may be imbued with the idea that illness is a particularly cogent argument for relief, an argument they may unconsciously use to perpetuate their dependency. An excessive emphasis on health may make it an obsession so that the pursuit and safeguarding of health are substituted as goals for the pursuit and maintenance of independence.

Since effective clinical treatment of physical obstacles to independence is essential, more care needs to be exercised to discover and disarm the client's resistance to examination and prejudices against treatment. Difficulties in coöperation with clinics might be relieved by decreasing unnecessary requests for reports. More fruitful contacts with clinics might be promoted by reports revealing more fully the social issues to be considered in the diagnosis and treatment of physical conditions.

One of the most baffling problems arising from physical illness in the clients is that of securing and maintaining an adequate orientation to their physical status and to changes for better or worse in that status. The caseworker may underestimate her need of constant orientation and be satisfied with periodic check-ups on the client's condition. This may result in a drift which encourages the development of invalid attitudes in the client. It may also expose him to sudden reversals in diagnosis and prognosis destructive to his faith in treatment and his coöperation in a revised plan.

Any physical illness may be accompanied by dangerous lapses

into discouragement, passivity, and the enjoyment of invalidism. These emotional complications should be understood and anticipated by the caseworker if they are not to present obstacles to recovery. These undesirable attitudes may be aroused unless the caseworker preserves such a sensitive social orientation to medical treatment that she reduces to a minimum unjustified hopes, unexpected disappointments, and wasteful drift.

Many troublesome interferences to close coöperation between the caseworker and the medical agency arise from conditions not susceptible to immediate improvement. However, more constructive clinic relationships may be established if the caseworker acquires a sufficient understanding of the significance of medical findings and of the possibility of various changes in physical status to make intelligent inquiries and furnish adequate information for controlled medico-social treatment. Greater skill in orienting social treatment to the changing course of illness would eliminate some of the misadventures that are productive of continued dependency and of the continued but avoidable need of relief.

III. PROBLEMS OF MENTAL HEALTH

THE PREVALENCE OF PERSONALITY AND BEHAVIOR PROBLEMS

THE records on which the study was based reveal the existence of serious emotional problems in all but one case. Most of these problems belong to that anomalous but familiar group of personality and behavior maladjustments which the caseworker has always accepted as ordinary casework problems. In the cases under discussion the incidence of frank mental disease has happened to be small; there was only one committable case of psychosis and only four diagnosed cases of psychoneurosis. Because of prevalent inadequacies in the clinical service available for adults recourse to psychiatric clinics in adult cases has usually been limited to cases where the mental abnormality renders the client socially unmanageable. In many cases chronic or acute alcoholism has not been recognized as a mental problem. On the whole it is clear that existent clinical conditions have not been such as to encourage broader concepts of mental illness than the old-fashioned concepts of descriptive psychiatry. In the cases of maladjusted children, on the other hand, personality and behavior difficulties have been more generally recognized and diagnosis and treatment have accordingly been sought for them. Actually, however, "psychiatric" problems are inherent or implicit in every case, even in the exception mentioned above where the joint efforts of a well adjusted, self-directing family overtaken by uncontrollable adversity and of an expert caseworker aware of the necessity for sustaining the positive elements in the situation prevented the development of the emotional difficulties that might otherwise have been precipitated by financial dependency.

The less easily classified emotional problems apparent in the case material derive from various sources: (1) latent maladjustments coming to the fore under the stress of financial dependency; (2) previously active maladjustments, such as marital conflict, conflict between parents and children, and conflicts with near relatives, all of these being associated with other factors producing financial dependency, such as illness and death; (3) behavior maladjustments, such as chronic alcoholism, non-support, abuse, and desertion; (4) antisocial conduct, such as theft, forgery, et cetera; (5) recent personality maladjustments springing from experience of great strains or serious losses immediately preceding the financial dependency, e.g., grave illness, death, exhaustion of financial resources, desertion of the marital partner, et cetera; (6) personality maladjustments due to physical disabilities that are residuals of the illness or accident precipitating the financial dependency; (7) personality maladjustments due to the necessity for living within a greatly reduced income and to exchanging skilled labor for the unskilled or part-time jobs which alone are possible because of physical limitations; (8) lapses into emotional dependencies, neurasthenic and anxiety states, et cetera, during physical illnesses; (9) personality difficulties in children of the submissive, withdrawn, and dependent types.

DIFFICULTIES OF CONTROLLING PROBLEMS OF PERSONALITY AND BEHAVIOR

The problem of handling personality and behavior difficulties, as these are associated with major questions of employment, health, family unity, and decent standards of living, is ubiquitous in the case material. Personality difficulties play the disturbing rôle of unknown quantities in many cases and are responsible for frustrations of plans

involving large expenditures of service and relief. It is of course impossible to measure the importance of any one causative or contributing factor to the initial financial dependency, or to its continuance, when financial dependency is usually precipitated by a *complex* of environmental, physical, and personal factors, but it is safe to say that personality and behavior factors are less successfully controlled by casework treatment than any other type of difficulty and that they appear more often as interferences to the successful solution of the general problem than does any other type of difficulty the caseworker is forced to handle.

Explanations for this are not hard to find. In the first place, the conjunction in many cases of unfavorable external circumstances, progressive illness and physical disability, and emotional instabilities produces maladjustments so extensive and complex as to baffle all but the highly experienced and expert. Actually a number of these are inaccessible to study and treatment under existing conditions. In the second place, clinical and other community facilities for psychiatric treatment are obviously inadequate. In the third place, the caseworker is naturally less well equipped to detect personality and behavior problems than she is to detect problems of other sorts. Moreover, in some cases she may not know how to investigate their sources. In the fourth place, the caseworker is sometimes not oriented to the possibilities and limitations either of clinical or social treatment of personality problems, a fact that is not strange under prevailing circumstances. Unless problems of this sort are evident in acute or bizarre symptoms, the caseworker may sometimes be inclined, when appeals to reason and persuasion have failed, to view the client's refractory attitudes and behavior as obstacles to be surmounted by argument, prohibition of the objectionable behavior, disci-

pline by reduction or withdrawal of relief, et cetera. In short, she may be unable to see the fundamental analogy between undesirable traits and conduct as symptoms of mental ill-health and undesirable physical weaknesses and incapacities as symptoms of physical ill-health. This, too, is not surprising since those developments of psychiatric knowledge which throw light on the sources and nature of personality and behavior difficulties are recent and have been imperfectly assimilated into casework theory and practice.

Of course, the difficulties and failures mentioned above are not universal. Despite all that is confusing and frustrating in the individual case situation and general clinical conditions, in numerous instances the caseworker may manage to investigate and treat serious emotional problems competently and independently. Her success is usually traceable to her own appreciation of their existence, her assumption of responsibility for handling them as an essential part of her casework task, and her adroit exercise in the special case of a tolerant curiosity, directed experimentation, and tireless evaluation of the factors contributing to emotional dependency. In other instances positive contact and favorable shifts in the external circumstances enable even the less skillful, less conscious caseworker to achieve her ends in the face of threatening personality and behavior manifestations in the clients.

PROBLEMS OF TREATMENT BY PSYCHIATRIC CLINICS

The unlimited variety and complexity of personality maladjustments contributing to the financial problems with which the worker has to deal subject her casework to a tax it is not odd she cannot always meet even within the limitations of case situations. For instance, when she does

perceive that certain traits and behavior are probably symptomatic of mental disorder, she very naturally refers clients to psychiatric clinics, often in the faith that her responsibility for treatment of the condition may be discharged by the transfer of the patient into competent medical hands. If the patient is a committable psychotic or epileptic, her problem is to that degree solved by commitment. If commitment is not justified or possible, the uncomprehended limitations of the psychiatric clinic often expose her to a series of bewilderments. The average psychiatric clinic whose services have been available to her lacks time and facilities for even the study and treatment possible within clinical limitations. The psychiatrist may be unacquainted with casework problems, the agency's functions, purposes, and tools, the needs of the caseworker for orientation, the possibilities of joint handling of the case situation, the nature of the relationship between caseworker and client, et cetera. Moreover, opportunities for a communication that would clarify these unperceived difficulties may not exist, partly because the essential need for communication is not clinically realized and partly because clinic conditions preclude such individualized service.

In addition the clinic's contribution may be greatly reduced by difficulties of contact with the client. Some of these difficulties may have been created by the caseworker's insistence on psychiatric examination as a condition to a continuance of the Society's relationship with the client, by her presentation to the client of the need for psychiatric advice in such a manner as to frighten or offend him, by her unintentional overemphasis of the clinic's capacity to help, et cetera. Other more fundamental difficulties are, however, inherent in the situation. In some cases the client cannot be prevented from associating the visit to the

psychiatrist with symptoms of which he is ashamed or which he has been unable to face. In other cases the value of the examination and the possibilities of treatment depend on the ability of the psychiatrist to get at obscure motivations without an intensive history and without opportunity for leisurely, progressive exploration of the client's mental life. In every case there is the baffling problem of integrating clinical advice based on superficial information and brief contacts into casework treatment of a complex, unstable situation not admitting of any great tolerance for the disturbing behavior of the patient. It is not remarkable, therefore, that of the twenty-four cases referred to psychiatric clinics, only one has been continued under active treatment. In the others the patient has rebelled or further treatment has dwindled after several ineffectual interviews. This means that the caseworker is once more confronted with a problem no clearer to her because it has been diagnosed. In some instances the problem is accentuated by the caseworker's hopelessness, the client's resentment of an unprofitable experience and the consequent difficulty of bringing him back under casework influence.

THE CASEWORKER'S ULTIMATE RESPONSIBILITY FOR TREATMENT OF PERSONALITY AND BEHAVIOR PROBLEMS

As a matter of fact the case material furnishes strong evidence of the need for improvement in psychiatric service but it reveals just as clearly inevitable limitations in the contribution psychiatric service can reasonably be expected to make to casework problems of personality and behavior. Actually in all but committable cases, the opportunity and the responsibility for investigation and treatment lie in the caseworker's largely impenetrable territory. In case

after case it is apparent that only the person in immediate constant contact with the situation can unearth the underlying factors, that the caseworker in handling daily problems cannot avoid trespassing on "psychiatric" ground and that her delegation of responsibility for treatment to the psychiatrist merely delivers the core of the problem into the hands of a practitioner who is excluded by physical circumstances from opportunities for discovering its nature and sources or for handling it in domestic crises.

Since problems of personality and behavior abound in the case material and range from mild deviations to frank mental disorder, it is clear that casework will have to incorporate into its theory and practice a more systematic knowledge of personality and behavior if it is to acquire a greater control of factors thwarting its efforts and not susceptible to intensive study and active, sustained treatment by existing outside agencies. In many cases the worker without extensive psychological background is unable to distinguish between remediable and irremediable situations. She may be persuaded by external appearances to attempt the impossible with clients bankrupt of personal resources for rehabilitation or ensnared in circumstances unpreventably destructive to whatever resources they have retained. She may be misled by unsympathetic elements in certain cases to overlook or underrate substantial assets and so fail to realize valuable resources for rehabilitation. Moreover, her difficulty in evaluating the assets and liabilities of the unadjusted members of families struggling against unfavorable physical or environmental conditions may be responsible for unadapted treatment and a consequent loss of effort, time, and funds.

The fact that the worker who possesses and actively utilizes an understanding of the mechanisms governing the development of personality and behavior not only escapes

certain damaging misadventures but exploits assets which might otherwise be slighted reveals the advantage accruing from the assimilation of psychiatric concepts into casework. Since psychiatric understanding and treatment are based on study of the family relationships of the individual, there is a natural direct kinship between psychiatric premises and those that have inspired and sustained the development of family casework. The possibilities for closer integration of the two are obvious. The absorption of psychiatric concepts into casework has so far been a limited, experimental process, sufficiently productive to stimulate profound interest, but still so recent that its formal organized development for application to the peculiar needs of each casework field has barely started. Moreover, the caseworker's inevitable conscious assumption of responsibility for social treatment of personality and behavior problems has been seriously delayed by exaggerated expectations of the external assistance that might be rendered by psychiatric clinics and by the consequent diversion of effort to obtaining clinical assistance. Indisputably, more and better clinical service is necessary but this should not be considered a solution of problems which will persist in confronting the caseworker as the essential problems of her job.

SUMMARY OF CHAPTER

The problem of handling personality and behavior difficulties, as these are associated with major questions of employment, health, family unity, and decent standards of living, is ubiquitous in the case material. These difficulties appear more often as interferences to effective treatment of the general problem than does any other type of difficulty the caseworker is forced to handle. They may be responsible for frustrations of plans involving large expenditures of service and relief.

The caseworker's difficulty in dealing with emotional problems

is traceable (1) to their complexity which may defeat all but the most expert and which sometimes may be beyond the reach of known methods of therapy; (2) to the obvious inadequacy of present community facilities for clinical diagnosis and treatment; and (3) to the incomplete assimilation into casework of recent developments in psychiatric knowledge which would enable the caseworker to detect and treat (within the fixed limitations of the individual case) problems which now escape or thwart treatment.

The caseworker may rely too heavily on psychiatric clinics for the solution of emotional problems. Aside from professional and environmental inadequacies in available clinic service, the clinic may suffer from unsurmountable limitations of contact with the client and his situation. This may mean that the caseworker attempts to transfer to the clinic responsibility for the study and treatment of problems to which she alone has access. It is therefore necessary that she assume responsibility for investigation and treatment of many emotional problems by incorporating into her casework theory and practice a more systematic knowledge of personality and behavior if she is to acquire a greater control of factors thwarting her efforts and not susceptible to study and treatment by existing outside agencies. With the progressive integration into casework of psychiatric concepts and techniques, the caseworker would be better equipped to evaluate assets and liabilities, to distribute service and funds to constructive ends, and to avoid miscarriages of plans expensive in effort, time, and relief.

IV. PROBLEMS OF FAMILY RELATIONSHIPS

PROBLEMS OF INVESTIGATION

IN some cases it was apparent that the caseworker may be so preoccupied with the more tangible problems of illness, unemployment, financial need, et cetera, that she takes family relationships for granted and judges the personalities of the clients on the basis of the current situation without realizing that she is neglecting important factors to be carefully weighed in any plans for meeting material difficulties. As a usual practice, she seeks personal history in the "first interview" and acquires the bare external facts of personal biography; but the very performance of this under the circumstances of first acquaintance and impending crises tends to rob her inquiry of all but face-sheet values and to dispose prematurely of the past and its devious evolution into the present.

It is obvious that the necessary emphasis on investigation as a prerequisite to definitive action may obscure for the caseworker the need of progressive exploration of unfolding situations. In part the generally desirable regulations demanding the accumulation of certain facts and the formulation of certain plans at the termination of a fixed "interim" period encourage a hurried scraping of the surface and a subsequent inclination to believe that a sound basis for treatment has been laid. Actually the definitions of "interim relief," "planned relief," and "allowance" may tempt the less skilled worker to ignore the inevitably tentative nature of plans formulated to meet complex and shifting situations whose next developments are often unpredictable. Neither of these difficulties is inherent in regulations and definitions formulated to bring casework under better control; they are rather consequences of

rigidities and inadequacies in the caseworker's practice which supervision has not yet corrected. However, one result is that the worker settles down in some cases to routine visits the content of which is related only to transient happenings on the surface of an uninvestigated group life and that she is unaware of undercurrents until their existence becomes manifest in some unanticipated yielding of the very ground on which she has established her plan.

In some cases it is clear that in handling problems where personal maladjustments and family disintegrations are complicating factors, one difficulty of the caseworker may arise from her tendency to focus investigation largely on external circumstances and overlook those internal conflicts which determine the individual's reactions to the external circumstances. There are of course various reasons for this. The worker may have attempted to discover the underlying emotional factors but may have been defeated by the invariable evasions of the clients. In other cases she may contend with the personality traits and behavior disorders of clients without recognizing the necessity for penetrating to underlying factors in their previous experience and their present relationships, and in such cases clues to those factors may be accidentally disclosed only after the opportune moment for handling them has passed. The emergence in the later record of significant personal data which should have been purposefully gathered earlier may furnish the most convincing evidence of the misconceptions which have guided ineffective treatment. This raises the not entirely simple question as to whether it would not be more practical, and more economical of effort, funds, and casework possibilities, to seek these data in the earlier stages of treatment. The question is not simple to answer because study of personal history and family relationships requires time when time is at a premium under present

conditions of caseload. In addition, investigation of personal factors demands special skills not readily acquired and certainly not definitely incorporated as yet into the practice of casework. On the other hand it is apparent that in many cases the effort required for this sort of investigation would be compensated for by the effort saved in avoiding unsuitable plans and conflicts arising from inappropriate approaches to clients whose personal idiosyncrasies have been matters for conjecture. Besides, much of the routine material procured during investigation and treatment might be obtained with more direct reference to underlying problems without any appreciable increase of time or effort.

While at first glance the cost of acquiring more intimate guiding data may be exaggerated by those who think of it entirely as an addition to current requirements, it is probable that it would entail the expenditure of more time. To be sure, time and funds would obviously be saved in the whole or partial limitation of plans of treatment in cases where personality difficulties and family relationships do not warrant ambitious objectives, but on the other hand the accumulation of sufficient data in new cases for critical evaluation and for the distribution of service and relief in accordance with essential assets and liabilities would necessitate more thorough investigation of problems which now frequently receive only minor care. The disadvantage of giving certain cases minor care because the financial need is temporary lies in the fact that in many of them the underlying factors producing the temporary need will continue to operate until a more serious breakdown occurs whereas major care at the time of first referral would attack the situation before many of the existent resources are exhausted. As a matter of fact, an answer to the question of the cost of more thorough study of personal and family relationships must necessarily be speculative. It must be

emphasized, however, that the possibility of more sensitive evaluation of the peculiar assets and liabilities of the individual case and more economical investment of service and funds rests on study of this sort and that even if no radical changes be made in the agency's situation to facilitate it, improved methods of investigation and treatment can gradually be evolved by caseworkers more aware of the personality factors contributing to the manifest problems.

PROBLEMS OF THE MAN OF THE FAMILY

The personal problems of the man may sometimes be seen and treated so externally that the caseworker never wins his full coöperation in meeting difficulties in the solution of which it is essential he should participate. This may occur even in cases where his illness or incapacity is the innocent direct cause of financial dependency. It may also occur in cases where his personality and behavior difficulties have been contributing or primary causes of the dependency. The situational explanations of this neglect are apparent. The caseworker is usually a woman and as a woman is more familiar with the wife's range of experience than the husband's. Ordinarily the wife is more accessible for interviews than the man. A preponderance of the minor issues coming up for recurrent discussion and settlement arises in the woman's domain and this fact undoubtedly furnishes more basis for a progressive confidential relationship with her than with her husband.

However, there are other less tangible influences at work to limit the caseworker's acquaintance with the man of the family. One of the common difficulties may spring from her general inability to put herself in masculine boots and to divine the existence of the more intimate emotional problems associated with the masculine rôle. Her concept

of that rôle may be the conventionally narrow one which emphasizes the man's functions as wage-earner, protector, and occasional disciplinarian but minimizes his need of marital satisfaction and the affection and respect of his children. The destructive nature of this concept might become obvious to the caseworker were it not so universally entertained by the clients themselves. Its prevalence as a source of marital difficulty is so marked that it actually constitutes one of the major issues for a caseworker interested in the unity of the family, yet the caseworker's unconscious subscription to this very point of view may preclude her facing the issue squarely or helping the clients to handle it.

Actually the caseworker may see the clients simply as parents and may judge them by their discharge of their parental responsibilities. She is then inclined to minimize their primary relationship as conjugal partners, fail to explore it quietly for sources of dissatisfaction and friction, and so remain blind to the origin of difficulties apparent in maladjustments to employment, the responsibilities of support, child training, housekeeping, et cetera. It is clear that the caseworker's evasion or active mishandling of marital difficulties which have been important factors in the whole underlying problem may result in some cases from her timidity about inquiries into the sexual, from her assumption that it is the man's duty to adjust to the sexual attitudes of the woman, from her refusal to recognize the far-reaching emotional significance to each partner of unsatisfactory sex relations, and from the consequent tendency to rule out the sexual problems of each unless conflict openly centers in these.

Furthermore, the caseworker may in some instances be unaware of the causal connection between unadjusted marital difficulties and unadjusted relationships to the children, not detecting in the mother's approved devotion

to the children the existence of attitudes that have increasingly excluded the husband from his primary place in her affections and have prejudiced his chance of reacting constructively to responsibilities for supporting a growing family. Consequently, the children may be allowed to become sources of reproach and symbols of burdensome financial obligation to the father when the caseworker's effort to establish him in a more satisfying emotional relationship to them might have been justified by the initial possibilities of the situation.

The caseworker's disposition to view the man merely as a wage-earner may limit her contact to the sore point of support and others immediately related to it. She is likely to handle him as an "environmental" problem and to overlook the probability that he is a problem to himself and therefore accessible to help if that help is sympathetically extended. Moreover her limited grasp of his experience may be further responsible for her failure to discover why he is a problem and whether some of the sources of his difficulty have lain in his relationship to his apparently more conscientious wife.

To a large extent these oversights and omissions are natural consequences of the caseworker's habituation to certain obstacles. In cases where the financial dependency has reflected upon the character or the general adequacy of the man, the caseworker is of course handicapped by his defensiveness and his desire to avoid an encounter with a person who might naturally be prejudiced against him by her first impressions of the situation. In those instances where the wife has been openly resentful of his behavior and has made the application for assistance, the caseworker usually meets an evasive resistance to interviews which springs in part from his shame and his suspicion that she has probably already been biased by his wife's story of their

difficulties. In such situations the worker's necessary reliance upon the wife as an intermediary does not inspire a readier response from him to requests for an appointment since it strengthens his fear that he is being authoritatively summoned to render an account of himself. The worker may make more than a formal attempt to secure an interview with the man before she engages in any action but frequently she puts a most unfavorable interpretation upon his failure to keep appointments, concluding that he has nothing to say for himself, that he is essentially indifferent to his family's plight, or that he is inaccessible to any approach she might make. Her handling of the eventual interview may betray this feeling and therefore not succeed in breaking down the initial barriers because it focuses on issues raised by the irritated wife and confirms the man's premonition that judgment has been pronounced upon him before he has had a fair hearing.

The caseworker's partial or total unawareness of the source of the man's reactions may then be apparent in her assumption that poor contact must be accepted as inevitable and in her premature abandonment of efforts to establish a more positive relationship. Consequently, the worker's contact with the family may be based on the man's essential exclusion from the inner counsels, on information secured only from the wife, and on plans in the formulation of which one of the principals in the situation does not participate. This often has the effect of taking the reins completely out of the man's hands and subjecting him to a domination derived from his wife's alliance with a caseworker whose power is not to be despised since she holds the purse strings. Thus in cases where marital disharmony is an initial problem for casework, the break may sometimes be precipitated by the very entrance of the worker upon the scene and by her allowing herself to

become a partisan in the struggle of one camp against the other. In other cases the disintegration is a slower process, usually because the conflict is less acute. In these, the marital rift grows as the wife's dependence on the caseworker for advice and financial support makes it less important for her to face the necessity for straightening out her relationship with her husband. Moreover, in these instances the man may be further alienated by demands that he conform to the obligation for supporting a régime wherein his stake in the family affairs is minimized and his reasons for making an effort reduced by the disrespect and lack of affection he feels in the attitudes of all of those whose welfare is supposed to be his first consideration.

In short, a fact which may be overlooked is the man's need of emotional incentives to making a living, giving the bulk of his earnings to his wife, and manifesting an interest in the health and education of his children. If the situation for which he has been failing to assume the maximum of responsibility possible under existent limitations in his physical and economic capacities is destructive to his self-respect, and gives him no returns in the affection and confidence of his family, the natural resentments, rebellions, and inferiority feelings his position has aroused in him will diminish the chance of his being able to surmount his difficulties whether or not he recognizes his contribution to them. Unless the caseworker penetrates below the surface of his problem, she is not equipped to handle the family situation, to see assets that might be utilized, or evaluate liabilities that are warnings of unavoidable disruption.

In cases where the marital incompatibility has resulted in non-support or separation, there have been a few instances where the caseworker has urged court action and has played a prominent part in initiating it as discipline for the man and protection of the wife. However, it is generally apparent

that the caseworker no longer believes in court action as an instrument for marital readjustment and the obtaining of support, that she regards it as a desperate last resort, and recognizes that it stigmatizes the man, increases his hostility, and impairs whatever resources he has for working out an adaptation. In some instances, however, court action is used to obtain support after separation or desertion. In a few of these, payments are made fairly regularly, but in others they become an issue interfering with re-establishment of the wife on a secure basis since her energies are dissipated by anxiety lest payments cease or the man disappear, by resentment and the desire to punish the miscreant husband, and by attempts to maintain surveillance of his movements. Occasionally the determination not to let the man escape his obligations goes to such lengths that it prevents the development of all other plans for rehabilitation and is even responsible for pursuit of the man into new environments where he is at least making a respectable adjustment to the needs of a single existence. It is evident in all such situations that the caseworker has failed to recognize the obvious impossibility of successful coercion and that this failure may result in proceedings that undermine the man's standing with a succession of employers. Actually such coercion is often a not inevitable substitute for attempts that might be made to encourage the man's adjustment apart from his wife and to show him how his own interests might be furthered by the discharge of his financial responsibilities.

On the other hand, the worker may persist in trying to keep together a home where the man's inability to adjust springs from personal and environmental factors so inaccessible to social treatment that funds and service are expended on what eventually proves to be a hopeless cause. In these instances there are usually complicated emotional

problems manifest in chronic alcoholism, neurotic states, unemployability for a combination of physical and mental reasons, et cetera. In some cases the early situation might admit of successful partial adjustments were the man's problem adequately investigated and understood, but failing this, the later development of incurable difficulties may not always be recognized in time to prevent an investment of relief and service that bears few if any fruits. In a few cases the difficulty of persuading the community to see that the situation is essentially irremediable would make necessary a continuance of contact at times of emergency or a minimum giving of relief. In others the destructive effects on children exposed to anxiety, incessant conflict, and miserable care would justify an effort to have them removed on charges of no proper guardianship. In a few such cases the only constructive solution is to let the situation drift until the basis for legal action is clearly established.

PROBLEMS OF THE WOMAN OF THE FAMILY

The woman of the family is of course involved in all the situations referred to in discussion of the problems of the man. There are, however, other problems in which her special difficulties may not be adequately investigated nor taken into account.

In situations where the husband has been chronically ill or recovering slowly from a disabling accident or illness, the caseworker naturally bends her efforts to stimulating in the wife the desire to share the onerous burden of support by going to work. Usually the worker shows full appreciation of the necessity for not subjecting the woman to long hours of outside labor, to schedules conflicting with her home duties, et cetera, but there may be other factors

needing investigation and adjustment which are overlooked. For instance, the caseworker may enter upon the scene when the man's critical illness makes his welfare the major concern, when the wife, whatever her previous relationship to him, is self-forgetful and absorbed in him, and the only issues arising for treatment seem to be issues of health and support. Later when the crisis has passed the caseworker is likely to take for granted the continuance of the affectionate attitudes that have been displayed by the woman during the crisis without realizing that a radical shift in fundamental relationships has occurred and that adjustment to this shift might be emotionally more difficult for the able-bodied wife than for the incapacitated husband. In some cases the pathos of the man's situation is so obvious to the worker that she continues to make him the sole focus of her sympathetic attention without questioning what his relationship to his wife had been before the illness or what it has now become. Of course, the caseworker has good reason for not bringing old discontents and rancors to the surface at a time when the wife needs encouragement of all her affectionate reactions to the invalid if she is to have the proper stimulus for her task, but on the other hand, clues to the woman's own emotional difficulties may be neglected, her health may not be adequately considered, and she may actually be used as a casework resource and therefore not expected to have needs of her own. Stress may continue to be put exclusively on the husband until the wife, irritated into recollection of an unsatisfactory past and increasingly aware of the exactions of her new rôle, shows very clearly that she cannot adjust so automatically to sacrifice for a man whose earlier behavior left much to be desired.

In other cases, the unavoidable incapacity of the husband has robbed the wife as much as it has him; this may be evi-

dent in cases where she married for release from the burdens of self-support or protection from the conflicts of an unhappy home situation. His incapacity brings him solicitude and sympathy whereas it adds to her rôle the duties not only of a nurse, but those of a breadwinner. She may feel cheated of all that in her mind constitutes the advantages of marriage: the possession of a strong, competent provider and protector, financial security, and the pursuit of social interests. Her reaction to the caseworker may become resentful because to her the caseworker's expectations seem harsh demands. Her underlying resistance may be manifested by failures to apply for or keep jobs and by exaggerated difficulties in adjusting outside work to her domestic schedule or she may come into conflict with the husband, resent his dependency on her, and refuse to give him the solicitous attention he thinks his due. In some of these cases, the woman's difficulty may spring from an essential inability to rise to responsibility but in others it may be more directly caused by an overwhelming situation and by the caseworker's failure to see that she as well as her husband has suffered a severe loss, that she too needs stimulation, recognition, and outlets, and that the reversal in the family rôles has been of a sort that requires delicate management if she is to work out a gradual adjustment to it.

In many other cases where the woman has been widowed, separated or deserted, this problem of her adjustment to a dual rôle confronts the caseworker. Usually it is well handled but sometimes there is apparent a failure to appreciate the emotional factors. This may result in the caseworker's precipitating conflicts between herself and the woman by her insistence on immediate, complete assumption of responsibilities the woman needs time to meet. Sometimes, for instance, the client's morale has been depleted by her husband's death and all the anxieties related to the

period preceding it; she has been confused by her losses, is physically reduced, and feels afraid of the future. In other cases she has gone through a disintegrating series of marital conflicts, financial strains, and illnesses among the children and clearly needs time and encouragement to find a new equilibrium. In all of these cases her dual rôle exposes her to natural difficulties disturbing to her confidence in her ability to meet the exigencies of the situation. To the physical demands of a job outside the home and the ordinary tasks of housekeeping and child training are added the recurrent emergencies of illnesses upsetting to her schedule and her budget, the social starvation of single existence affording her little opportunity for recreation and friendly contacts, and the tax of adjustment either to decreased, fluctuating income or the necessity for careful planning after years of an existence so unorganized as to weaken habits of ordered expenditure.

In such cases the caseworker's difficulty is likely to spring from the belief that an abrupt assumption of full responsibility is possible when actually there is need of a gradual, stabilizing transition from the troubled past to the complications of the future. In some cases, this supposition of the worker may be associated with a failure to explore the past, to discover what family relationships were before the death or departure of the husband, and so to get data for evaluating the present in terms of all the subtle but profound changes it has involved for mother and children. When the worker's expectations of quick adjustment to a future that is not always clear to any of those concerned are disappointed, she may meet the contretemps by emphasizing the woman's responsibility for handling problems of support, health care, child training, et cetera, problems which are baffling even to professional skill and therefore too overwhelming for the client to face with equanimity. For the client the job of "standing on her own feet," as it may be

pointed out to her, is complicated by the instability of the situation and by her reaction of resentment and discouragement to any attitudes in the caseworker which seem to imply that her difficulties derive from her lack of judgment, responsibility, and affection for her children.

In general, the shortcoming of casework in such instances as these is not so much an excessive estimate of what the woman might do to solve her own predicament as it is an inadequate estimate of the time necessary for the process of solution. The client needs the chance to emerge gradually from initial confusion and chaos, to straighten out problems inherited from a checkered past not always sufficiently known to the caseworker, to match her strength against one difficulty after another, until, sustained by the caseworker's patient, understanding guidance, her efforts culminate in her attaining the maximum possible control of her situation. In short, the adjustment to her dual rôle is seldom so prompt and automatic as the caseworker expects and in a number of cases it may be delayed or impaired by the nature of the caseworker's expectations since these diminish the client's faith in herself, her faith in the caseworker, and her faith in the potentialities of the situation. As a matter of fact, it is apparent from evidence furnished both by cases that have been well handled and by those that have not, that a practical estimate of what the woman might eventually undertake to do can be made only after considerable experiment and that premature attempts to define her responsibilities may sometimes be destructively in excess of the possibilities eventually revealed.

THE PROBLEM OF HANDLING RELATIVES

It is clear from case records that opinions about the rôle relatives might be expected to play differ widely. In some instances the caseworker may believe it her duty to pay

initial visits to all the known relatives on each side of the family in an attempt to enlist whatever assistance is available from them, and for this reason she may tacitly ignore the feeble protests of clients who feel that certain relatives are unfriendly, interfering, or likely to resent an appeal for their help. On the other hand, her own lack of conviction about her casework justification for approaching relatives may prevent her from making any but apologetic, awkward contacts or may influence her to meet the initial objections of the client by dropping the issue permanently even when it might be profitably revived. In a few cases of this sort, this ready concession to the client's wishes exposes the caseworker to complete failure in handling clients whose unreliability as informants or whose total irresponsibility leaves her in the dark about the situation she is supposed to meet and the resources she might call upon for meeting it.

The most prevalent difficulty appears to arise from the caseworker's confusion about the rôle relatives might desirably play in the situation. Theoretically they should be seen for substantiation of the client's story, for whatever contributions their circumstances permit, for whatever influence they might wield in the interest of coöperation, for whatever services they might render in taking care of the children, et cetera. Moreover, failure to see them might involve failure to make them discharge their responsibility for looking after their own flesh and blood or might result in the client's receiving unknown additions to the budget the Society is supplementing.

The case material shows why the visiting of relatives is a troublesome issue in practice. Clients are often offended by the implication that their own story is not sufficient; humiliated that a newcomer should discuss their plight with relatives whose sympathies are uncertain and who might despise them for their lapse into dependency; de-

pressed by their own impotence to prevent a levy on relatives whose assistance would be galling, subject them to probable criticism and domination, and introduce a variety of in-law influences into the domestic scene; fearful of the interpretation that might be placed upon the visits by relatives who have helped generously but are likely to resent the suggestion that it is their *duty* to assist and even to conclude that the clients have instigated this attempt to exploit them. When the relatives react unfavorably to the worker's call, all of the clients' earlier resistance is strengthened and a doubt of the caseworker's essential interest in them as personalities meriting respect and consideration is destructively established in their minds. The consequent effect upon them is an increased determination to safeguard their privacy and exclude the worker from it for protection against repetitions of such interference; moreover, there is a new emphasis on the relief aspects of the relationship when apparently these take precedence over all others in the eyes of the caseworker.

In various instances, of course, the clients are willing to have the worker see relatives, the relatives discuss the situation frankly and meet it coöperatively and the caseworker forms a contact productive of valuable assistance in terms of funds, friendly services, greater understanding and more constructive relationships between the clients and their kin. However, the worker's visits to relatives may be made at a time of unresolved crises, may therefore be easily associated with questions of financial need, personal worthiness, and family contributions to the client's budget, and may consequently stamp her interest in all concerned as a relief rather than a casework interest. When these dangers are not adequately anticipated, the relatives are likely to reject any proposed arrangements that will bring them under the authority of a Society so addicted to a

"red tape" which might be generally necessary but none the less personally disagreeable. In other instances their furtive sympathy for the investigated clients may make them decide to help secretly and so add to a budget which otherwise would not be increased by their contribution. Furthermore, it is clear in many cases that the relatives withhold valuable information about underlying problems because they conceive of the visit as an effort to determine the clients' "worthiness" and do not want to weaken their claim to assistance. Consequently, they furnish glowing character references instead of intimate side-lights and set up a barrier that makes future realistic communication with them almost impossible.

In cases where relatives have already done a great deal to provide the clients with the essentials, the caseworker's direct attack on their somewhat depleted purse may arouse the suspicion that their past efforts have not been appreciated, that further contact with the family would result in further demands, and so their voluntary generosities are inhibited and their friendliness diminished. If the worker continues to insist upon contributions she may not only incur a stronger opposition from them but encourage in the client the feeling that the relatives are not living up to recognized obligations and that their failure to do so is responsible, as indeed it sometimes is, for a distressing postponement of all action on the part of the only remaining source of help, the Society.

In some cases the relatives are already critical of the clients, condemn that previous mode of life which has left them unprepared for emergencies, and blame the client-in-law or censure the client related by blood in terms reminiscent of old childhood jealousies and resentments. In these instances the caseworker's conduct of her mission with its direct inquiry into the facts of financial need and

its stress on family contributions may depreciate the clients still further in the estimation of disapproving relatives who feel that the family has fallen into the stigmatized class of dependents through its own fault. Consequently, further contacts between these relatives and the clients may be prejudicial to any improvement in relationships and subtly detrimental to the caseworker who has brought the relatives into the situation.

In some cases where strong family feeling has existed between the members of the family group, contributions to the client's budget may be made by relatives in response to a need they regard as secondary only to their own primary wants. In these cases relatives may be actuated either by the apparent necessity or by a sense of profound obligation to do everything in their power for close kin. In a few instances, however, their marginal circumstances, advanced age, precarious health, or responsibilities toward large families raise a question of the social risk to them involved in draining their meager resources and exposing them to severe anxieties.

Of another sort are cases where the clients are sharing living quarters with relatives. Here the problem of defining the individual needs and resources of the clients is sometimes accentuated by border-line dependency in relatives who are evasive about their own situations, eager to share in the benefits of the relief given, and yet disposed to defensive denials of any secret participation in those benefits. The technical difficulty for the caseworker in these cases is that of determining the permanence or impermanence, the desirability or undesirability of the union of the client and related groups and it is sometimes as a consequence of hasty conclusions about who are to be included in or excluded from the intimate casework relationship that she meets serious misadventures. For example, she may ignore the resident

relatives as factors in the situation or regard their problems as considerations apart from her major business with the clients. This is especially likely to happen when the relatives are apparently reliable but essentially inarticulate persons whose contribution to the clients' household in terms either of support or service has been unquestioned and steady. Under such circumstances the worker may count on their continued performance and forget the necessity for inquiry into their physical or emotional capacity for sustaining that performance without greater recognition of their contribution or more opportunity to realize their own purposes. In short if she falls into the error of taking any members of the domestic group for granted, she runs grave danger of exhausting their resources for coöperation by letting them carry excessive burdens or of allowing them to generate conflicts in the clients the source of which she may not discover in time to avoid the frustration of her plans.

Adequate handling of the problem of contacts with and contributions from relatives has been exemplified in a number of cases where the skilled worker has subordinated routine to the circumstances of the individual case. She recognizes that her procedure in each instance must be adapted to the necessity for winning and retaining the clients' confidence, that if her casework is sensitively tentative she is not committing herself to premature elimination of an assistance that may be invaluable, but that she can safely bring the relatives into the casework scene only after she has found out what their relationships with husband and with wife are. She realizes that the important consideration is that of family relationships and that no constructive results can be anticipated if the influence of the relatives is permitted to disrupt the unity of the client group or undermine the self-respect of the clients as individuals.

Actually, the full value of casework utilization of the resources of relatives is realized only when the worker conceives of that value in terms of personal relationships. She adapts her approach to each related group in accordance with what she already knows of underlying problems, deferring visits to antagonistic relatives until she has the wherewithal for disarming their scepticism and scorn of the clients, building her contact with friendly relatives on a respect and concern for the clients which she can share and strengthen, and interpreting the situation and methods for meeting it in terms challenging to the relatives' human sympathy, their tolerance, and their interest in participating in an important enterprise. In this way she often elicits information about the past and present of the clients invaluable for her own understanding of them and is able to communicate to the relatives some of her own objective attitudes toward personality difficulties in the clients which they might otherwise make grounds for condemnation and withdrawal.

The skilled worker seeks the relatives for advice and suggestions about a situation better known to them than to her, about which they can be more detached than the clients. She is frank about the difficulty of giving the clients all they might reasonably feel they need and about the problem she discerns in making the resources at hand cover their material wants but she desists from any premature, direct requests for assistance because she prefers to stimulate the relatives to offering it on their own initiative. In short, she shows that her motive for approaching them is not her desire to wring a contribution from them but her expectation that they can help her to understand the situation. Moreover, if she finds them capable of the rôle, she conveys to them the part they might play in sustaining the clients' morale, relieving their isolation, and

assisting her in restoring them to the level of self-sufficiency to which they belong by virtue of their essential qualities. She may comment on needs it would be difficult for her to meet, needs it is important should be satisfied, but she does not point her comments until a more secure contact makes it simple for her to ask without appearing to coerce and the relatives to refuse without resentment or shame.

The loss which may be incurred through awkward handling of relatives or through the frequent failure patiently to straighten out the snarls in the client's present or past relationships to them is measurable not only in terms of funds and service they might continue or later be stimulated to contribute but in the isolation of the clients. The latter may be detached from any group that would give them assurance of "belonging," may be shut up in a dreary routine, and may be deprived of the sympathy, diversion, and stimulation intimate social contacts would bring into their lives. In many instances neither service nor relief can mitigate the ingrown existences of clients pledged to an unceasing round of hard work, close planning, physical discomfort, housebound invalidism, et cetera; here there is a problem for which casework has no adequate solution unless it seeks it in strengthening and maintaining the clients' relationship to relatives. In other cases the relatives might be useful not only to the adult clients but to children in the family who need substitutes for the absent father or corrective examples in other adults to offset the antagonizing or unwholesome influence of either of their own parents. From the case material it is clear that the caseworker can often affect the issue, and that when she achieves success, it is because she has re-established the clients with wavering or weary relatives through her own contagious interest in the clients' assets and through her interpretation of the casework relationship in terms suf-

ficiently attractive to arouse the desire of relatives for some share in its fortunes.

In a number of cases old resentments, disapprovals, and jealousies furnish excellent reasons for the caseworker to postpone visits to certain relatives and to await some more opportune occasion for approaching them. In some instances the occasion is never presented, but in others it may come in the course of a crisis that brings even the alienated to the rescue. At such times the caseworker has an opportunity to raise the question of a visit, to explore the possibilities of real reconciliation and to do what she can to settle old scores. In a few cases, however, the clients' prohibition of visits to relatives demands more direct handling. These are usually cases in which the client has been detached from the immediate group or has removed from the scene of the problem which was directly responsible for the financial dependency. When the client refuses information about the situation, the caseworker would be justified in declining to assume responsibility for action under circumstances that prevent her from assuming it intelligently and helpfully. In a few instances where the client is obviously in no condition to look after himself, the caseworker might ignore the prohibition and proceed to get indirect orientations from any sources that appear trustworthy. In these cases the worker needs to use her own judgment, realizing that that of the client is so generally unsound that for his own welfare it will have to be disregarded.

SOME PROBLEMS OF THE ADOLESCENT

The case records reveal considerable appreciation of the problems of the adolescent members of the family and in some instances show that exceptionally deft casework is

being applied to the solution of their difficulties. Sometimes, however, treatment of the unstable adolescent may revolve on the handling of the external issues of employment, contributions to the family exchequer, spending money, and clothes, and may neglect the family relationships which are causal factors in the child's maladjustment. The difficulties arising from parental disagreements about the adolescent, from favoritism and indulgence on one hand, and disparagement and discrimination on the other, may not be seen as the result of environmental influences needing study and treatment, but as constitutional weaknesses or defects in the child. In some cases potential difficulties are not seen early enough and are allowed to develop into resentments, rebellions, and withdrawals much less susceptible to successful handling after the child becomes actively involved in conflicts about jobs, support, et cetera. In short, the caseworker may fail to anticipate adolescent difficulties in cases where long previous acquaintance might be utilized to investigate underlying problems, eliminate sources of inferiority feeling, establish wholesome social relationships and interests, and strengthen the child's standing with each parent. The problem of adolescence is perhaps too generally accepted as peculiar and unique when, actually, the only important features distinguishing it from other problems of child guidance are that it is more advanced and appears at a time when less can be effectively done about it because the child is already able to take advantage of opportunities for escape from all home influence. This latter handicap is serious for the caseworker because it robs her efforts to straighten out difficulties in the home of much of their potency.

In some cases, the adolescent's rebellion has been aggravated by the caseworker's tendency to confront him with his responsibility for meeting a family situation of

staggering difficulty. It may have been chronic for years and therefore seem hopeless to him, or it may have resulted from a series of catastrophes so overwhelming that the prospect of indefinite future involvement is terrifying to a youngster uncertain of his strength and naturally afraid of an outside world to which his parents have not been equal. For this reason any attempt on the part of the caseworker to make him accept the family burdens as his responsibility may seem to threaten his chance of an independent future by chaining him to an onerous past and present. It is only in instances where the caseworker accepts the adolescent's gradual emancipation as inevitable and desirable that she avoids appearing to menace him by shifting accumulated burdens to his young shoulders. When she is successful it is because she has adjusted him to a transitional period wherein he has been an appreciated contributor of board to the family budget, has yet been recognized as a fledgling adult, and has been sustained by family affection and family confidence in his attempts to work out an independent, responsible, vocational and social career. In such cases, she interprets his needs to exacting, critical parents; persuades them to recognize the practical necessity for admitting his partial freedom to do as he pleases; emphasizes his good qualities; sees to it that his assumption of responsibility for working nets him some return in the clothing and spending money he requires to compete with his fellows; and refrains from creating issues about lost or relinquished jobs when encouragement and assistance to getting better, more congenial employment are the immediate essentials.

It is evident from the case material that the caseworker may neglect to anticipate the problem not only of the rebellious but also of the well behaved, withdrawn, or timid adolescent. In these latter instances, the difficulty

may arise from the caseworker's natural tendency to overlook undesirable traits and behavior if they are not domestically disturbing or positively frustrating to casework plans. For instance, children who are overserious, overresponsible, and inclined to harbor anxieties about the family's affairs may be utilized as assets and allowed to share heavy burdens when their very qualities indicate the need for investigating their relationships and relieving them of a load interfering with the development of normal attitudes, interests, and companionships. The emotional dependency associated with extreme devotion to either parent, with willingness to be confined to household tasks, with deprivation of healthy, outside interests and group contacts, with absorption in the scholastic aspects of school and with reading,—this dependency may escape the caseworker or may even impress her favorably as it often does the parents who have unconsciously encouraged it. Similarly, the problem of the retiring, silent youngster who has shown no natural reaction to a succession of domestic upsets, to emergency placements, to the strains of parental illnesses, separations, or quarrels may be overlooked until it becomes obvious in neurotic symptoms, in passive resistance to meeting new situations in jobs, et cetera.

The chief difficulties apparent in the records are traceable, first, to the worker's failure to give special attention to pre-adolescents to prevent the further development of problems less easy to handle when the issues of work and social freedom become dominant, and second, to an inadequate appreciation of the causal connection between parental attitudes and the symptoms of the child. Actually, in cases where service has to be economized, many of the later complications arising in the handling of adolescents might be avoided if the caseworker were to focus attention on the children in pre-adolescence, when their behavior

may first reveal tendencies to dependency on the parents, withdrawal from unfamiliar situations, inability to make their way with other children, difficulty with authority at home and school, jealousy of their brothers and sisters, intense devotion or antagonism to either parent, et cetera. From a practical point of view special emphasis on pre-adolescents would in many cases avert later conflicts destructive to the security of the whole group and to the younger children for whom the adolescent may set a bad example. Investigation and treatment of underlying problems would reduce the later friction which often involves the child, each of the parents, and the caseworker to the detriment of their common relationships and the confusion of plans for rehabilitation.

OTHER PROBLEMS OF CHILD GUIDANCE

The study showed that an increasing stress has been laid on casework with the children of the family, and that one of the dominant objectives is that of providing them with every chance for future adequate functioning on an independent level. A great deal of special effort is invested in observation of their individual traits and reactions, in checking up their school progress, and most of all in safeguarding their physical health. The steady progress in this field of casework is perceptible even in cases that are not very old and in a number of instances it has been producing notable results.

A very real situational limitation is obvious in one large group of cases where treatment of problems in the children must inevitably be postponed until some evaluation can be made of the possibilities of treatment for the problems of the parents. No valid objection can be made to the superficial consideration given the children in such families,

since their fate plainly depends on the solution of personality and behavior difficulties in the parents. It is clear that serious parental problems must continue to determine the development of the children and that nothing substantial can be done for the latter unless the adult situation is brought under casework control. However, it is in cases of this sort where treatment is concentrated on the acute or chronic difficulties of alcoholic, psychoneurotic, or extremely incompatible adult clients that evaluation of the assets and liabilities of the total situation occasionally errs. The very presence of fine qualities in the children may prevent the worker from surrendering to the facts even when those facts, obstinately unfavorable to any reconstruction, are ruinous to any possibility of normal personality development in the children.

In some sympathetic cases where the adult problems are not problems of anti-social behavior, but of advanced mental illness, the worker may fail to see that the development of personality and behavior difficulties in each growing child is perhaps a final, compelling reason for recognizing the futility of maintaining a home for the generation of just such disabling difficulties as these in children subjected to constant conflict, neglect, and anxiety. The noteworthy feature of some of these cases is the intensity of effort and thought revealed in untiring casework on irremediable situations. Unfortunately, however, the investment of funds and service is repaid by the inevitable, predictable appearance of traits and conduct in the children not less undesirable than the traits and conduct they might have developed under the worst institutional conditions.

In other cases where the clients' mental difficulties have been related to a series of disintegrating catastrophes, the worker's appreciation of this may lead her to overlook the tell-tale signs of casework bankruptcy as these are revealed

by the appearance of problems in the older and therefore more obviously maladjusted children. In some of these cases she may try to offset the effects of destructive home influences by connecting the problem children with psychiatric clinics which, of course, are powerless to combat the environmental situation. In certain others she may secure temporary relief for parents and children by placement of the latter in a foster home, a religious school or an institution. In these latter instances she may be acting on the conviction that the child's difficulties spring from hereditary or constitutional factors and may fail to interpret symptoms of personality and behavior problems in the younger children as discouraging evidence of the continued operation in the home of the influences which have already produced and will in the future produce emotionally handicapped, socially unadjustable youngsters.

Although in some cases it is evident that to the case-worker the causal relation between environmental influences, human and material, and personality and behavior deviations in the children is vague, in others the worker may be acutely aware of the difficulty but not yet equipped to handle it actively. Sometimes her observations are keen but her casework may stop with observation. She may record parental attitudes that are overindulgent; discriminating; productive of fears, inferiority, and subtle anxieties; calculated to inspire disrespect, rebellion, and evasion, et cetera. She may note significant oddities of behavior and peculiar personality traits in the children. She may be alert to evidence of neglected habit training. She keeps track of school progress. Even in those instances, however, where she resorts to clinic referral, she may overlook those larger environmental influences implicit in the situations of the parents, and that she has overlooked them may be evident in the omission of data about them in conscientiously

assembled reports to psychiatric clinics. It is apparent, moreover, that in certain cases she may rely on clinical help in dealing with problem children whose difficulties can be treated only in the course of casework, not by detached psychiatric interviews. In other instances she may miss the opportunity to handle incipient difficulties before they precipitate conflicts between parents and child that make each less accessible to treatment. This is likely to happen when she passively accepts as inevitable the earlier manifestations of problems that in the adolescent period will reappear in refusals to work, refusals to pay board or contribute, refusals to heed parents whose previous attitudes have alienated the child, et cetera.

On the other hand, there is plenty of evidence of adept work in which qualities that are the reverse of the defects mentioned above have guided discerning treatment of difficult problems in children. In such cases the worker has studied the child as an individual, has contrived outlets for his abilities and interests, has brought into the foreground of family consciousness his unrecognized assets, and has done all that she could to relieve destructive parental indulgences and discriminations. Naturally, her understanding of the child's problem as well as her treatment of it may be limited by the peculiarities of the whole complex family situation, by consequent restrictions in her sphere of influence, and by external factors not amenable to any individual's control. However, there are cases in which slowly and tortuously she has managed to find a way out of difficulties that at first glance were staggering; in other cases all she has been able to do is to save the child from acute or rapidly progressive maladjustment, while in others she has been forced objectively to admit her impotence to deal with fixed personality traits and insurmountable environmental obstacles.

In some cases the caseworker's relationship to the parents may be fertile sources of conflict for the children and for the caseworker in dealing with them. When the relationship has been marked by recurrent difficulties about relief, certain attitudes may be discernible in the children. One of these is resentment of the caseworker who apparently has allowed the family to suffer. Another is the child's conviction, obviously bred by the attitudes of demoralized parents, that it is the caseworker's responsibility to provide for the needs of the family. This conviction, of course, may be closely related to the child's unwillingness to assist in support. Another is disrespect for the parents because they are dependent on the caseworker's will. Associated with this is resentment of them because their difficulties, weaknesses or incapacities have plunged the family into this sorry dilemma. Still another factor is the child's sense of difference from other children, his rebellious desire to escape from a stigmatized family and seek his salvation independently of them, or his relapse into inferiority and passive shrinking from the test of a reality so far beyond the powers of his parents.

Of course, in other cases the worker's positive relationship to the parents has been reflected in the children's acceptance of their situation and of her influence. The worker's respect for, and confidence in, the parents establishes the dignity of the latter in the eyes of the children. Her patient subordination of relief to a casework interested in maintaining constructive relationships and stimulating initiative permits the children to adjust to denials without resentment or shame and motivates them to effort that gives material embodiment to their personal respectability. In short, the integrity of the parents which has been sustained and strengthened by casework has established self-respect and self-confidence in the children, prevented their suffering

from a sense of rankling social injustice, and given them assurance of an ability to compete on equal terms with their financially more fortunate fellows.

SUMMARY OF CHAPTER

In her preoccupation with material problems requiring quick action the caseworker may slight investigation of family relationships which are important factors to be weighed in formulating plans for meeting the material problems. Partly because she may overemphasize investigation as a prerequisite to any action in critical situations, she may unconsciously relax her pursuit of it once she has obtained information about external circumstances. This results in her neglect of those internal conflicts which directly affect the client's reactions to material problems she wishes to solve.

Investigation of family relationships requires more time than is commonly available and demands the exercise of skills that are not as yet incorporated into general casework practice. On the other hand, such investigation may be an economy in the end since it helps the caseworker to avoid unadapted plans and unsuitable approaches to clients whose personal difficulties determine their responses to her. Knowledge of family relationships is also essential to more accurate evaluation of those assets and liabilities which should be measured if the caseworker's investment of time and funds is to be more profitably proportioned to the varying possibilities of individual cases.

Through a failure to estimate properly the importance of family relationships the caseworker may not establish a relationship with the man which will permit of his later full participation in formulating and carrying out casework plans which involve him. One obstacle may be the caseworker's narrow concept of the man's rôle as merely that of breadwinner. This may be accompanied by an inadequate appreciation of the effect on him of disturbances in his personal relationships with his wife and children. Other sources of this common difficulty may be the caseworker's unfamiliarity with masculine experience, the man's relative inaccessibility to visits, his fear that the caseworker is a partisan of his wife, and the caseworker's premature assumption

that his coöperation is unobtainable or relatively worthless. As a consequence she may adjust to a one-sided partnership with his wife which rules him out of the inner counsels and increases any existent marital antagonisms. The caseworker needs to recognize that the man has his own problems which may be weakening his incentives for carrying family responsibilities and that she must approach these problems from his point of view if she is to effect a better adjustment.

In cases of non-support court action is falling into disuse as an instrument for marital readjustment but is still sometimes employed in an effort to obtain support after separation or desertion. This handling of the problem of support may be a premature substitute for casework attempts to enlist the man's voluntary interest in meeting his financial responsibilities. In some cases the use of court action results from the caseworker's failure to admit the impossibility of constructive coercion. Persistent follow-up of intermittent payments or of evasions of payments may divert the energies of the wife and the caseworker from immediate problems of adjustment into a futile pursuit of the man which upsets his only possible adjustment, that to a single existence in another environment.

Of an opposite sort may be the caseworker's failure to realize that her efforts are vain in cases where the family problem is caused by personality and behavior difficulties in the man which are not amenable to treatment. The net results of indefatigable casework may merely be the perpetuation of a situation destructive to the normal development of the children.

In investigation and treatment of problems affecting the wife, the influence of factors in family relationships may be overlooked in cases where the man's illness shifts new burdens to the woman. Her capacity to carry them may depend on the nature of her previous conjugal adjustment and on the caseworker's appreciation of the problem the change in her rôle creates for her. Similarly, plans for the readjustment of the woman who is widowed, separated, or deserted should take into account losses measurable only in terms of the marital past. Casework allowance should be made for these losses, for her present fears, and for her need of time to adapt herself to a new rôle.

Another problem involving family relationships is that of visits and appeals to relatives. Mishandling of this problem

may undermine the caseworker's contact with the clients, introduce discord into family relationships, and place an undesirable emphasis on relief issues. It may also result in severed relations and in the loss of valuable resources of information, coöperation, and financial help.

Effective casework with relatives rests on the caseworker's appreciation of the primary need to retain the clients' confidence. She brings relatives into the casework situation only when she has some assurance that their influence will be conducive to family unity and increased self-respect in the clients. She builds her contact with relatives on a foundation of common respect and concern for the clients and on her need of guiding information. She does not force financial assistance, but attempts to stimulate the relatives to voluntary contributions by awakening their interest in the clients' fortunes.

In handling the problem of the adolescent, more attention needs to be given those factors in family relationships which may make the child indifferent to his responsibilities. It is important that the caseworker discover and treat the influences in the family setting which weaken the child's incentives to desirable behavior. Certain obstacles to successful treatment are traceable to the caseworker's failure to anticipate the child's problem in the more favorable pre-adolescent stage and to an inadequate appreciation of the causal connection between parental attitudes and the difficulties of the child.

Casework with younger children has made steady progress though good investigation is not always followed by active treatment. The treatment of the problems of children must sometimes be subordinated to casework on parents whose response will determine the measure of what can be done for the children. There is a danger, however, that the caseworker in her pursuit of treatment of maladjusted parents may eventually become blind to the fact that the children in whose behalf she is struggling are in the meantime suffering so seriously from the unmanageable problems of the parents that she is not warranted in perpetuating such a situation for their sake.

Casework with children might be facilitated if the caseworker detected earlier problems which later precipitate conflicts between them and the parents which are less accessible to treatment. More attention also should be given to the effects on the children of the caseworker's poor contact with the parents.

V. PROBLEMS OF EMPLOYMENT

INDUSTRIAL FACTORS IN FINANCIAL DEPENDENCY

ALTHOUGH unemployment, irregular or seasonal employment, and marginal wages are concrete, measurable quantities, it is difficult to arrive at any conclusions, from the study of a small number of individual cases, about their causal relation to other factors that have also produced financial dependency. That they are factors is obvious but whether they have been primary or secondary or merely precipitating factors it is impossible to determine, since they never occur alone and case situations in which they do appear have been so complicated by the operation of other destructive influences, such as acute or chronic illness, physical incapacity, mental illness, personality and behavior disorders, that chronology is confused and the isolation of causes from effects arbitrary and speculative. Whether they are causal or not, it is clear that in some cases industrial factors play a subtle and insidious part in preventing clients from building up a general immunity to the emergencies and attritions of life and that they are also responsible to varying degrees for difficulties or failures in recuperation.

It is evident in a number of cases that industrial conditions beyond the individual's power to control have contributed to emotional dependency and that this in turn has diminished the client's capacity for meeting his problems. The enforced idleness of seasonal employment is destructive to steady working habits and to mature attitudes toward family responsibilities. Since one of the most important conditions to independent existence is beyond the client's influence it is relatively simple to react to other more controllable external situations in the same fatalistic way.

Moreover, where employment is seasonal or irregular, it has often been impossible for clients to provide in advance for the whole period of unemployment and so the habit has been formed of running up bills to be repaid when work starts again. The inevitable interference of the unexpected in the lives of such clients may contribute to their further confusion about the real relation of earnings to expenditures and to partial ignorance of the actual budget. In the histories of some clients who have, nevertheless, managed to get along for years there is ample evidence that their attempts to define current situations have merely increased their underlying anxiety and their sense of the futility of planning for more than extrication from immediate difficulties. Naturally, economic cirumstances such as these are destructive to any active sense of responsibility.

The uncertainties of employment may affect the unadjusted client in other ways, to the eventual detriment of the family's financial stability. In some instances they weaken his confidence in his own adequacy, make him feel inferior in his rôle as head of the family, encourage his resentment of other difficulties in his job situation, and accentuate his sensitiveness to domestic dissatisfactions because he feels his hardships are not recognized. This latter reaction may affect in turn his capacity for working wholeheartedly in behalf of an unappreciative family. In other instances uncontrollable employment difficulties undermine the morale of the responsible client whose desire to maintain independence and to give his children good physical care and fair educational opportunities has been so frustrated by circumstances that anxiety and resentment dominate his mental outlook and make his recovery from the illness or other precipitating factor resulting in financial dependency doubtful or hopeless.

Of course, in some of these cases where industrial conditions have been unstable, their contribution to the problem confronting the worker is evident in the malnutrition of children whose lowered resistance has made them ready victims to one illness after another. Analogous effects of adverse economic situations are apparent in the neglected chronic conditions of adults too preoccupied by financial difficulties to attend to the physical or else unable to consult private physicians when private advice has been the only advice they respected. The incidence of illness along with employment problems may reduce their standards of living in other ways, forcing them to safeguard their margin by remaining in overcrowded rooms, adjusting to inadequate bed facilities and cutting other furnishings and their personal clothing below the minimum. These conditions naturally aggravate the irritability arising from maladjustments in family relationships and so add another stimulus to disintegrations produced by other factors. What started the vicious circle may be beyond reliable investigation but the pervasive destructive influence of general economic maladjustments is undeniable.

PERSONALITY FACTORS IN EMPLOYMENT PROBLEMS

In many cases, the interlocking of environmental and personality factors in problems of employment is inevitably confusing to the worker. As in problems of health she may find it difficult to determine to what degree the maladjustment has sprung from external or physical factors, and in what respects it is traceable to undesirable attitudes on the part of the client. In some cases where she sees personality difficulties contributing to unstable employment, to failure in finding employment, and to unsatisfactory accomplishment on the job, her tendency may be to mini-

mize or deny the industrial factors affecting the situation in her effort to make the client assume responsibility. Feeling that he has traded on her sympathy and has been inventing excuses for obtaining relief instead of work, she may decrease or threaten to decrease the allowance or she may refuse interim assistance and insist that he find a job. Naturally, it is necessary that he obtain employment and that he be stimulated to maximum effort but the pressure of threats when exerted by the caseworker may merely create resentment, anxiety, and hopelessness in him if work is actually scarce and his own prospects for finding it diminished by the laying off of other employees in the shops with which he is acquainted or by systematic cuts in production throughout a whole branch of industry. Clearly, he needs encouragement in the face of such unpromising conditions as these. Actually, in such instances, the caseworker may later be forced to assist him by promising to pay his fee at an employment agency or by hunting up clues to jobs herself, but in the meantime her contact with him may suffer a serious injury that is not always immediately apparent though sooner or later it may become so in his opposition to or withdrawal from some other casework arrangement.

The rôle of personality difficulties in producing employment problems may not be appreciated in some cases where these problems are conspicuous. In certain instances, the client's capacity for adjustment is impaired by the feeling he has developed about his own probable lack of ability, by his awareness of his wife's poor opinion of him, by the children's contempt for work as ill-paid and laborious as his, by the nagging emphasis of the whole family on the things they have been forced to go without, by comparisons with more prosperous relatives, et cetera. In other cases it is clear that he has found it difficult to bestir himself

because he feels that however he may try he will be unable to overcome the immediate problems confronting him and re-establish a comfortable status. In all instances of this sort the skilled worker demands only a gradual adjustment to family burdens and uses all her casework arts to eliminate friction and disparagement, to build up the client's self-esteem, to see that each assumption of further responsibility is duly recognized and that the up-hill climb is not too precipitous. The less skilled worker may attempt to arouse the sluggish client by urging him to consider his accumulated burdens at a time when he is discouraged by their bulk and confident of nothing but failure: the flaw in her technique is her reliance on duty as an incentive when duty with its connotation of unpleasant necessity and of sacrifice taken for granted merely threatens to put a further tax on a client who is insolvent so far as morale and status in his own family's respect and affection are concerned.

It must be remembered that stress on the client's obligation to work may so antagonize him that work takes on the unfortunate complexion of a capitulation to the demands of people who have no use for him beyond that of obtaining support. For example, there may be an obvious causal connection between a domestic quarrel and his loss or resignation of the job; other data may show that not only has the client's motive for working hard to support a family been weakened but that some half-conscious desire to retaliate has influenced him. Another sort of destructive self-assertion is also evident in some cases where the client has been expected to take a temporary job inferior to that he formerly had or to change to a job paying a lower daily wage but affording steadier employment. If the caseworker has overlooked his reluctance to fall in the economic scale, his childish satisfaction in the large but irregular wage, his fear of being permanently committed to work on an inferior level, his dislike of being classed with workers to

whom he has felt superior,—if she has overlooked these possible causes of resistance and appears to think that any job is good enough for him, the insult to his pride may prevent his yielding to her demand or else prevent his yielding without grave injury to his self-respect. On the other hand the disputed point is sometimes won by the skilled worker who acknowledges that the adjustment is difficult, grants the emotional basis for finding it difficult, and makes it clear that her suggestion emanates from no depreciation of the client but from her belief that he might relieve his own anxiety and not lose caste by acting on her advice.

In other cases where the distinction between voluntary and involuntary unemployment is not clear, authority difficulties in the client have been obvious as contributing factors. Sometimes the client's reaction to his feeling that he has been the underdog in the marital situation, his underlying childhood resentments of the domination of an unsympathetic father or older brother, his suspicion that he is generally regarded as inadequate make him carry a chip on his shoulder in the work environment and provoke him to assertions of his own independence by flinging down jobs as soon as he is subjected to criticism.

Whether cases such as these mentioned above are susceptible to successful treatment depends of course on other factors but to some extent also depends on the caseworker's perception of emotional influences in the home which are destructive to the client's capacity for adjustment and on her realization of the need for supporting his self-respect, eliminating irritants, and avoiding authoritative pressures.

PROBLEMS OF REDUCED WORKING CAPACITY OR PHYSICAL DISABILITY

In many cases where employment difficulties play a major rôle in precipitating or prolonging financial dependency,

the essential problem is that of measuring reduced working capacity or physical disability and adjusting the client to it. Some of the medical-social complications of this problem have already been discussed but in this connection certain others should be mentioned. In many cases it is clear that clinicians are inclined to inadequate estimates of the period required for convalescence from illness, possibly because the worker's emphasis on the question of a return to work moves them to optimism and partly because they want to give the client encouragement. However, the case material often reveals the destructive consequences of underestimates of this sort. Sometimes the caseworker has taken the clinician literally and has forced the issue of work with the client when the latter is both disappointed by delayed recovery and resentful of the indifference implied in the denial of his need of further convalescence. When the return to work proves too much for him, he is more likely to resist a second trial because he no longer trusts the caseworker's interest in his personal welfare and the first experience has killed his ardor. In other cases the client may remain at work for a time but under such physical strain that a relapse occurs.

The common difficulty of interpreting the clinician's recommendation of "light work" may be disturbing in various ways to the whole process of adjustment. In some cases this recommendation of "light work" means nothing more than "busy work" but the lack of medical-social intercommunication may result in a series of unsuccessful, antagonizing, physically injudicious placements of a client whose potential disinclination for all work develops apace under circumstances so prejudicial to his faith in those who are directing his affairs. In other cases "light work" is seriously prescribed but the prescription followed without adequate social knowledge of the physical handicaps to be

considered and without adequate resources for finding appropriate jobs. Agencies for industrial rehabilitation often prove very helpful but sometimes it is obvious that physician, caseworker, and agencies interested in the training or placement of the handicapped are all at a loss, not only before the unknowns of industrial processes, industrial requirements, and job conditions but in the face of industrial indifference to an uncomprehended and difficult problem. This situation is obviously expensive in relief, the service of various agencies, and industrial waste. To the client it is destructive because it obscures the situation to which he must ultimately adjust and requires him to adapt not only to a series of unsuitable, discouraging jobs but to successive failures. Without question the whole solution of the problem is not in the hands of any of those who are expected to handle it and in many cases each suffers from difficulties in dealing with his own phase of the problem because the interrelation of the medical, the social, the employment, and the technically industrial situations is so difficult to see and evaluate.

Many of the same problems arise in cases where the client has suffered from a disabling injury or disease. Usually the caseworker shows a delicate appreciation of the emotional factors involved in the loss of capacity but occasionally she may demand an abrupt adaptation, ignoring the client's feeling of inferiority, his dislike of confronting the world with a disability, his desire to cling to the attentions of invalidism, his diminished interest in work strange to his previous experience and bringing in smaller returns, his fear of further injury, his resistance to the slow, painful process of physical readjustment to demands he formerly met without conscious effort, et cetera. When the caseworker is patient and resourceful, she works from one small goal to the next, devises means of solving all sorts of

troublesome intermediate problems, encourages in the client a sense of courageous adventure, and stimulates recognition for each minor advance. Often, however, she is baffled by medical problems and the common inability or unwillingness of industry to find places for the physically handicapped. There is ample evidence in the case records of the need for better integration in the work of existing agencies responsible for handling various phases of this problem, but it is also clear that no satisfactory solution of the problem can be expected until industrial research, well oriented to the medical-social issues, explores industrial possibilities and interests industry in developing them.

In a large number of cases, the worker is faced with the problem of guiding the vocational career of the adolescent in the absence of adequate facilities for practical training. Good vocational guidance is available but is handicapped by the prevalent lack of resources for trade training, especially for boys, and by the serious gaps which exist between public education, trade training and actual industrial situations. These conditions may make it difficult to stabilize the adolescent personally, may defeat the case-worker's objective of protecting the child from the industrial maladjustments to which the parents have been exposed, and may result in expenditures of relief and service that might be avoided if external conditions permitted of more directed economical effort.

SUMMARY OF CHAPTER

The rôle of industrial problems as direct, primary causes of financial dependency is difficult to define. Irregular employment is destructive to steady working habits, to responsible attitudes in the wage-earner, and to practical adjustment of budget to income. Moreover, inadequate earnings may undermine the man's morale as head of the family and encourage attitudes of

anxiety and resentment. Other effects of course are lowered standards of living, malnutrition, et cetera.

It may be difficult for the caseworker to distinguish between voluntary and involuntary unemployment. A common emotional factor in voluntary unemployment is the man's sense of inferiority and discouragement. Another factor may be his alienation from the family he is expected to support. Other difficulties may spring from his natural resistance to a humiliating fall in the economic scale, to problems of adjustment to authority rooted in his childhood experience, and to resentment of the caseworker's failure to understand his reactions.

The problems of adjusting the physically handicapped to industry may be exaggerated by premature terminations of convalescence, by difficulties in interpreting clinical recommendations of "light work," by ignorance of the demands of specific jobs, and by the prevalently inadequate industrial provision for workers of limited physical capacity. The effective solution of such problems lies without the immediate domain of the individual caseworker but her perception of the emotional factors involved may avert demoralization in the client. In the adjustment of adolescents the caseworker is similarly blocked by the absence of proper facilities for practical industrial training, another condition which can be remedied only by purposeful study and development of existent resources for the constructive initiation of older children into industry.

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